

REC'D SEP 14 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

28345

Do not use this space.

## 1. PLACE OF DEATH

(a) County Buchanan, Registration District No. 85  
 (b) Township \_\_\_\_\_ Primary Registration District No. 1001 Registered No. 837  
 (c) City St. Joseph, (d) Street No. 312 North 13th. St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 78 yrs. 6 mos. 7 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Anna Marie Kist, 23rd  
 (a) Residence, No. 312 North 13th. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Egid Kist,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 3, 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
78 6 7

8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. At Home,  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Joseph, 0  
Missouri,

FATHER 13. NAME Casper Weckerlin, 7  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown,  
Switzerland,

MOTHER 15. MAIDEN NAME Caroline Welty,  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Toledo,  
Ohio,

17. INFORMANT (ADDRESS) Edwin S. Kist  
312 North 13th. Street,

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Mora Cem. DATE August 13, 1938

19. FUNERAL DIRECTOR (ADDRESS) Heston - Bethel - Bowen  
319 So. 10th. Str. St. Joseph, Mo.

20. FILED Aug 13, 1938 X J. H. Hoeschebeck  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1938, to Aug 8, 1938  
 I last saw him or her alive on Aug 8, 1938. Death is said to have occurred on the date stated above, at 10:50 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma (Abdominal) Date of onset 1936

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_ (Signed) J. W. Mays, M. D.

(Address) 301 Ballinger Bldg  
St. Joseph, Mo

25

V. B. T. M. S.

STATEMENT BY LICENSED EMBALMER

*W. E. Summerfield*

Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this certificate was embalmed by *myself Aug 10, 19*

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No.

working under my personal supervision.

Signed *W. E. Summerfield*  
Licensed Embalmer No. 3007

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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28345-  
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1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85  
(b) Township ..... Primary Registration District No. 1001 Registered No. 837  
(c) City St Joe (d) Street No. .... St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anna Marie Kist

(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
78 6 7

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER  
13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER  
15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10, 1938

22. I HEREBY CERTIFY, That attended deceased from 19 to 19

I last saw h. alive on 19. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Carcinoma (abdominal)  
Right Inguinal. Region  
Internal did not open  
on aut. dis. from physical  
Other contributory causes of importance  
Cremation was unable to determine its Cause due to other agents.

Date of onset

526-

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. W. Mans, M. D.

(Address) 301 Bellwood Bldg  
St. Joe

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENT

1938

S-3424E