

REC'D NOV 15 1938

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

35110
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan, Registration District No. 85
(b) Township 1 Primary Registration District No. 1001
(c) City St. Joseph, (d) Street No. 602 South 15th, Registered No. 1-1004
(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.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Anna Marie Schaber,

(a) Residence, No. 602 South 15th, St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 John Schaber,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 2 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as 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) Unknown, (STATE OR COUNTRY) Germany,

FATHER 13. NAME Unknown,

14. BIRTHPLACE (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Germany,

MOTHER 15. MAIDEN NAME Unknown,

16. BIRTHPLACE (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Germany,

17. INFORMANT Mathias Schaber (ADDRESS) 2609 Felix Str.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cem. DATE Oct. 8th 1938

19. FUNERAL DIRECTOR Heaton, B. G. & Co. (ADDRESS) 319 So. 10th Str. St. Joseph, Mo.

20. FILED 10/8 1938 A. J. Huth Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 6th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 1-3 1938 to Oct 6, 1938. I last saw him alive on Oct 6, 1938 Death is said to have occurred on the date stated above, at 6:40 a.m.

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

Myocardial infarction. Date of onset Oct 1-3
1072

Other contributory causes of importance:
Arteriosclerosis gen.
hypertension

Name of operation none Date of no
What test confirmed diagnosis? Clin 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 Heart attack
(Signed) Franklin J. Blair, M. D.
(Address) St. Joseph, Mo.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, J. Harold Bowman, Licensed Embalmer No. 3619

hereby certify that the body recorded on the reverse side of this certificate was embalmed by my self

✓ L. E. ✓

No. ✓ or by ✓, Registered Apprentice No. ✓

working under my personal supervision.

Signed J. Harold Bowman

Licensed Embalmer No. 3619

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