

REC'D FEB 21 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH1627  
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. 2524  
 (c) City St. Joseph (d) Street No. St. Joseph Hospital 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. 12 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

U.S. 1  
CATHERINE - C - BLASI.  
 (a) Residence, No. Lawrence Kansas 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 Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unmarried

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
27 8 8

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. housewife  
 10. Date deceased last worked at this occupation (month and year) Dec 24 1938 11. Total time (years) spent in this occupation years

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

FATHER 13. NAME B. M. Pauley

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

MOTHER 15. MAIDEN NAME Johanna Alfes

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

17. INFORMANT (ADDRESS) B. M. Pauley Russell Kan.

18. BURIAL, CREMATION, OR REMOVAL PLACE Russell Kans. DATE 1-11-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stanley Funeral Home St. Joseph, Mo.

20. FILED 1-10-39 St. Joseph, Mo. Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1938, to Jan 8, 1939.  
 I last saw her alive on Jan 8, 1939. Death is said

to have occurred on the date stated above, at 5 P. m.  
 The principal cause of death and related causes of importance were as follows:

Uremia  
Anuria

Date of onset

Other contributory causes of importance:

Chronic Pyelonephritis  
with calculi (Right)

Name of operation Nephrectomy Right Date of 12-28-38

What test confirmed diagnosis? Glucose 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) Chava Greenberg, M. D.

(Address) P. O. Box No. 100

18, 1950

AUG 17 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, myself, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed John Roy Plummer

Licensed Embalmer No. 2435

P. O. Address St Joseph

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.)

If this body is not embalmed, above space should be left blank.