

REC'D FEB 11 1939

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

1712

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 86
 (b) Township Washington Primary Registration District No. 5127 Registered No. /
 (c) City St. Joseph (d) Street No. Maxwell Road 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 FRANK NICHOLAS SYDOW

(a) Residence, No. Maxwell road 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosalie Sydow
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 6th. 1866
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 0 27
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Meat Cutter
 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 Sydow
 14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)
 MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT Mrs. Rosalie Sydow (ADDRESS) Maxwell Road St. Joseph, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn DATE Jan. 5th. 1939
 19. FUNERAL DIRECTOR (NAME) FLEEMAN & SON, INC. (ADDRESS) 1946 Calhoun St. Joseph, Mo.
 20. FILED Jan. 5, 1939 Wynette M. Harrison Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3rd. 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1939, to Jan 3, 1939
 I first saw him alive on Jan 3, 1939 Death is said to have occurred on the date stated above, at 6.30 p.m.
 The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis

Date of onset

Jan 3

Other contributory causes of importance:

Arterio Sclerosis (general) Chronic Myocarditis Diabetes None

Name of operation None Date of None
 What test confirmed diagnosis? Exam 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 None, 1939
 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 None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify EM. Shores, M. D.

(Signed) E. M. Shores, M. D.
 (Address) 317 Kirkpatrick Bldg. St. Joseph Mo.

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,

....., or by

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

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, Mo

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.