

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

5957  
 Do not use this space.

REC'D MAR 13 1939

**1. PLACE OF DEATH**

(a) County Buchanan Registration District No. 85  
 (b) Township \_\_\_\_\_ Primary Registration District No. 1001 Registered No. 168  
 (c) City St. Joseph (d) Street No. 2537 South 13th. St.  
 (e) Length of residence in city or town where death occurred 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 2537 South 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 Male 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 Clara L. Flower

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18, 1874,

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
64 5 2

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. Stationary Engineer  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago, Illinois

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Chas. H. Bacher  
2732 Mitchell Ave. St. Jos.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn, Cem. DATE Feb. 22, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walter Meierhoffer  
1302 Faraon St. St. Jos., Mo.

20. FILED 2/23 1939 H. J. Westphal  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from 5-13, 1933, to 2-20, 1939  
 I last saw him alive on Feb. 30, 1939. Death is said to have occurred on the date stated above, at 5:45p.  
 The principal cause of death and related causes of importance were as follows:

Epilepsy, Jacksonian -  
Acute Myocardial failure  
Hypostatic pneumonia

Date of onset  
6 yrs  
1 year  
1 wk.

Other contributory causes of importance: 97B1

Name of operation 76 Date of \_\_\_\_\_  
 What test confirmed diagnosis? Physicist Was there an autopsy? X

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 of injury in any way related to occupation of deceased? X  
 If so, specify Work at Craig  
 (Signed) Dr. Joseph Mo, M. D.  
 (Address) \_\_\_\_\_

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, *W. H. Kelly*

....., or by .....

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

Signed.....

Licensed Embalmer No. *3946*

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.**