

REC'D APR 11 1939

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

10094
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township Washington Primary Registration District No. 1001
 (c) City St. Joseph (d) Street No. 432 Virginia 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 30 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 249

2. PRINT FULL NAME Frances Marek

(a) Residence, No. 432 Virginia 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 1, 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 5 9

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) (STATE OR COUNTRY) Unknown
Poland

FATHER 13. NAME Albert Buczek

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

MOTHER 15. MAIDEN NAME Anna Unk

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

17. INFORMANT John Marek
 (ADDRESS) 432 Virginia, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet, Cent.
 PLACE St. Joseph, Mo. DATE Mar. 13, 1939

19. FUNERAL DIRECTOR (NAME) H. O. Sidenfaden & Son
 (ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED Mar 11 1939 H. J. Maclellan
& Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1939, to Mar 10, 1939

I last saw her alive on Mar 9, 1939 Death is said to have occurred on the date stated above, at 2:10 A.M.

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

Apoplexy
g. J. H.

Date of onset 2/7/39

Other contributory causes of importance:

Hypertension
Obesity

Name of operation None Date of _____

What test confirmed diagnosis? Phys. 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 _____, 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 C
 Nature of injury C

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

(Signed) M. H. Vally M. D.
Corby Bldg. St. Joseph, Mo.
 (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,

My self

Robert P. Clarkson

, or by

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

Signed

Robert P. Clarkson

Licensed Embalmer No. 4028

P. O. Address 1802 Union St. St. Josep

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.