

1939 APR 11 1939

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

10186
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. Missouri Methodist Hospital Registered No. 344
(e) Length of residence in city or town where death occurred 50 yrs. (If death occurred in Hospital or Institution, write its name instead of street and number) (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1031 Faraon 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 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 Edith Burvenich

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 25, 1861.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 5 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Drugist
9. Industry or business in which work was done, as saw mill, bank, etc. Own Business
10. Date deceased last worked at this occupation (month and year) 1930. 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elwood Kansas.

13. NAME Andrew Burvenich
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

15. MAIDEN NAME Elizabeth Schaeffer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

17. INFORMANT Mrs. Edith Burvenich
(ADDRESS) 1031 Faraon St. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cent.
PLACE St. Joseph, Mo. DATE April 1, 1939

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

20. FILED 4/1 1939 H. J. Kestel
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar - 27 - 1939 to Mar - 30 - 1939
I last saw him alive on Mar - 30 - 1939. Death is said to have occurred on the date stated above, at 3:10 P.M.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
Unilateral Right

Date of onset

Other contributory causes of importance: None

Name of operation None Date of None
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 1939
Where did injury occur? None
(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 None
(Signed) T. P. Howden, M. D.
(Address) 620 Faraon St. 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.

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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,

Elbert E. Harrington

, or by

Registered Apprentice No., working under my personal supervision.

Signed Elbert E. Harrington

Licensed Embalmer No. 3258.

P. O. Address 1802 Union Str. 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.