

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.

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

31954

Do not use this space.

1024

1. PLACE OF DEATH

(a) County BuchananRegistration District No. 85(b) Township St. JosephPrimary Registration District No. 1001(c) City St. Joseph(d) Street No. 310Antoine

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 45 yrs. mos. ds.(f) How long in U. S., if of foreign birth? 45 yrs. mos. ds.2. PRINT FULL NAME Louis Albert Aeberhard(a) Residence, No. 310 AntoineSt. ☐

(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)

single

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

none6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown about 1871

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

Near 68

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

laborer

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)

Bern, Switzerland

FATHER

13. NAME Unknown

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

Unknown

MOTHER

15. MAIDEN NAME Unknown

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

Unknown17. INFORMANT Frank Mathys
(ADDRESS) 2518 Jones, St. Joseph, Missouri.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ashland Cemetery DATE October 11, 193919. FUNERAL DIRECTOR (NAME) Walter Maerhoff
(ADDRESS) 1302 Faraon St., St. Joseph, Mo.20. FILED Oct 11, 1939 A. J. Neel
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 8, 193922. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1939 to Oct 7, 1939I last saw him alive on Oct 6, 1939 Death is saidto have occurred on the date stated above, at 2 p.m.

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

Chronic Myocarditis
Chronic alcoholism

Date of onset

unknownunknown

Other contributory causes of importance:

Paralysis AgitansunknownName of operation none Date ofWhat test confirmed diagnosis clinical 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) Maxwell Day, M. D.(Address) 214 N. 7th, 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 _____

Licensed Embalmer No. Mo. 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.