V. S. No. 2
OM—11-10-39
Rev. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5973

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 174

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

11
5
7

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 29 days (Specify whether

In this community Yes years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits write "RURAL")

(d) Street No. 1615½ Frederick Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Lucille Ann Gabriel

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Warren Gabriel

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased April (Month) 3rd (Day) 1895 (Year)

8. AGE: Years 44 Months 10 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace Buchanan County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Minor Wood
13. Birthplace Buchanan Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name May Ann Clark
15. Birthplace Buchanan Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Arthur W Gabriel

(b) Address 1615½ Frederick Ave. St. Joe, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 16, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Belmont Cemt. Wathena, Kansas

18. (a) Signature of funeral director Herman Wm Sidenfaden

(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) 2/15/40 (Date received local registrar) (b) H J Mettlebusch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14th year 1940 hour 2 minute 53 A.M.

21. I hereby certify that I attended the deceased from Jan. 16, 1940 to Feb. 14, 1940 that I last saw her alive on Feb. 13, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	2 wks
Due to Chr. Nephritis	3 yrs
Due to Arterio Sclerosis	3
Other conditions Hypertension 225/140 (Include pregnancy within 3 months of death)	

Major findings: Of operations no operation

Of autopsy no autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence

(c) Where did injury occur? no (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? no (e) Means of injury no

23. Signature [illegible] (M. D. ~~or other~~)

Address 825 Charles St. Joseph Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Robert P. Clarkson.

Licensed Embalmer No. 4028

P. O. Address 1802 Union St, 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.