

No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21283

State File No.

JUL 12 1940 85

Primary Registration District No. 1001

Registrar's No. 688

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

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: 202 Fulkerson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 41 years

3. (a) PRINT FULL NAME Emily Schlinsky 452

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife John

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

7. Birth date of deceased Nov 7, 1855
(Month) (Day) (Year)

8. AGE: Years 84 Months 7 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace West Prusser, Germany
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business home

12. Name John Roman

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Theresa Hrenchir

(b) Address 202 Fulkerson

17. (a) Burial (b) Date thereof June 28-40
(Burial, cremation, or removal) (City or town) (County) (State)

Mt. Olivet Cemetery

(c) Place: burial or cremation Tracy Barry Funeral Home

18. (a) Signature of funeral director 218 South 10th St 83

(b) Address _____

19. (a) 6/28/40 (b) H. J. Hattibent
(Date received local registrar) (Registrar's signature)

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. 202 Fulkerson
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1940 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 6, 1940 to June 25, 1940
that I last saw her alive on June 24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency 3 wks.

Due to Hypertensive arteriosclerosis

and Bronchitis

Due to Chronic Bronchitis years

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings: none

Of operations none

Of autopsy none

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) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

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

3. Signature [Signature] (Specify type of place) _____
While at work? _____ (e) Means of injury _____

4. Signature [Signature] (M. D. or other) _____

Address St. Joseph, Mo. Date signed 6/26/40

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 John E. M... ..

Licensed Embalmer No. 3470

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.