

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24631**
Registrar's No. **752**

Registration District No. **85**

Primary Registration District No. **1001**

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:
2923 Ashland Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community 57 years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Valeska Szopieray 160
8. (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 Paul Szopieray 6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased September 18 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>9</u>	<u>25</u>	hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER
12. Name Louis Krueger
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Yetta Wrasa
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Szopieray
(b) Address 2923 Ashland Ave. St. Joseph, Mo.

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

(c) Place: burial or cremation Mt. Olivet Cemetery.

18. (a) Signature of funeral director H.O. Sidenfaden & Son
(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) 7-16-1940 (b) H. Westphal
(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. 2923 Ashland Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. 57 years years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13th
year 1940 hour 11 minute 55 P. M.

21. I hereby certify that I attended the deceased from June 13, 1939, to July 13, 1940
that I last saw her alive on July 13, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic noma of stomach unknown
Duration

Due to

Due to 11-10

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
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?

(Specify type of place) While at work?
(e) Means of injury

23. Signature Justin H. ... (M. D. or other) MD
Address Kirkwood, Mo. St. Joseph, Mo. Date signed 7-15-40

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.....

Albert R. Harrington

Licensed Embalmer No. 3258

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.