No. 2
4-13-40
-17-39
I-X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

34849

State File No.

FILED NOV 1 1940

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 1115

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town Saint Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 613 North 17th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years 22 days.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town Saint Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 613 North 17th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? unknown years.

3. (a) PRINT FULL NAME CHRISTINA SEBUS
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 widowed
6. (b) Name of husband or wife John Sebus
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 16 (Day) 1856 (Year)

8. AGE: Years 84 Months 0 Days 3 If less than one day hr. min.

9. Birthplace Madernach (City, town, or county) Luxemborg (State or foreign country)
10. Usual occupation housewife
11. Industry or business home
FATHER
12. Name Michael Thinnis
13. Birthplace ? (City, town, or county) Luxemborg (State or foreign country)
MOTHER
14. Maiden name Anna Ruter
15. Birthplace ? (City, town, or county) Luxemborg (State or foreign country)
16. (a) Informant Mrs. Olga Fulton
(b) Address 613 North 17th St., St. Joseph
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-21-40 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Fleeman & Son, Inc.
(b) Address St. Joseph, Missouri
19. (a) 10/21/40 (Date received local registrar) (b) H J Mastlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19th year 1940 hour 6 minute 30 A M.
21. I hereby certify that I attended the deceased from Aug. 31, 1940, to Oct. 19, 1940, that I last saw her alive on Oct. 17, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	1 week
Auricular fibrillation	6
Due to Chr. Glom. Nephritis	
Gen. arteriosclerosis	
Due to	
Other conditions Fracture of Left Hip. (Include pregnancy within 3 months of death)	7 weeks

Major findings:
Of operations —
Of 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) accident
(b) Date of occurrence Aug 31-1940
(c) Where did injury occur? Steph City Hall St Joseph mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place - City Hall Steps (Specify type of place)
While at work? no (e) Means of injury Slipped Jack
23. Signature J F Chiarottino (M. D. or other) MD
Address Kirkpatrick Bldg ST. JOSEPH Date signed 10/21/40

(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 Carl W. Hause

Licensed Embalmer No. 3955

P. O. Address St. Joseph, M

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

If this body is not embalmed, fact should be so stated above.