

No. 2
4-12-40
-17-39
X23159

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

(c) Name of hospital or institution: 1511 Monterey Street
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Irma Martha Schubert

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Herman 6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased April 20 1909
(Month) (Day) (Year)

8. AGE: Years 31 Months 6 Days 19 If less than one day hr. min.

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name Christian Beger

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

14. Maiden name Augusta Rumpf

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

16. (a) Informant Christian Beger

(b) Address 1511 Monterey, St. Joseph, Missouri

17. (a) burial (b) Date thereof November 11, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Ashland Cemetery St. Joseph, Missouri

18. (a) Signature of funeral director Halter Meischner

(b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) Nov 13, 1940 (b) [Signature]
(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. 1511 Monterey Street
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9
year 1940 hour 12 noon minute M.

21. I hereby certify that I attended the deceased from Nov. 10th, 1940o. , 19 ;
that I last saw viewed , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other conditions none
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations

Of autopsy none

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 car over

23. Signature B. W. Tadlock (M. D. or other)

Address Date signed 11/12/40

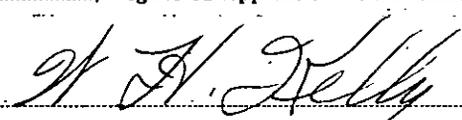
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. Mo. 3946

P. O. Address St. Joseph, Missouri.

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, fact should be so stated above.