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X28390

FILED SEP 10 1941

Registration District No. _____

Primary Registration District No. 1001

Registrar's No. 577

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: 1 day
(Specify whether
in this community: 31 years
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.: 814 Warsaw St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: Margaret Louise Wzynski

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: Francis Leon 6. (c) Age of husband or wife if alive: 48 years

7. Birth date of deceased: Aug 20 1910
(Month) (Day) (Year)

8. AGE: Years: 31 Months: 0 Days: 10 If less than one day: _____ hr. _____ min.

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

10. Usual occupation: Housewife

11. Industry or business: Home

12. Name: Anton Brunner

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

14. Maiden name: Kate Walters

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

16. (a) Informant: Francis Leon Wzynski

(b) Address: 814 Warsaw St

17. (a) Burial (b) Date thereof: 9-3-41
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director: Tracy Barry

(b) Address: 218 So. 10th St

19. (a) Sept. 3 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug day: 30 year: 1941 hour: 9 minute: 5 P.M.

21. I hereby certify that I attended the deceased from Aug 30, 1941, to Aug 30, 1941; that I last saw him alive on Aug 30, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Tox. of preg-

Due to: seph. acide-

Due to: 144B

Other condition: Preg. fuertern. dec.
(Include pregnancy within 3 months of death)

Major findings: None
Of operations _____
Of autopsy: Sw. kidney changes due to toxemia

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? _____

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

23. Signature: [Signature] (M.D. or other) M.D.
Address: Frederick St Date signed: 9/2/41

Duration: 8/30/41

?

8/29/41

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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.....

Victor J. Barry

Licensed Embalmer No. *4212*

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, fact should be so stated above.