

STANDARD CERTIFICATE OF DEATH

State File No. **31062**

BUREAU OF THE CENSUS  
FILED **OCT 10 1941**  
**85**

Registration District No. \_\_\_\_\_

Primary Registration District No. **1001**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **Buchanan**  
(b) City or town **Saint Joseph City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**1618 Buchanan Ave**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **over sixty-three years** 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. **1618 Buchanan Ave.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Charles George Textor**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **May 25 1878**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>63</b>	<b>3</b>	<b>9</b>	_____ hr. _____ min.

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

10. Usual occupation **Advertising distributing**

11. Industry or business **service manager**

12. Name **Theodore Textor**

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

14. Maiden name **Mina Deichman**

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

16. (a) Informant **Miss. Matilda Textor**

(b) Address **1618 Buchanan Ave.**

17. (a) **Burial** (b) Date thereof **Sept. 6 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Mora Cemetery**

18. (a) Signature of funeral director **Mrs. E. K. Siefers**

(b) Address **602 South 10th Street**

19. (a) **9/5/41** (b) **H. J. Mundy**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4th** day **September**  
year **1941** hour **6** minute **15 P.M.**

21. I hereby certify that I <sup>viewed</sup> attended the deceased **on**  
**Sept 4th** 1941, to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **4 days**

Due to **Influenza** **7 days**

Due to **General Arteriosclerosis** **2 yrs.**

Other conditions **33B**  
(Include pregnancy within 3 months of death)

Major findings: **Man developed Influenza**  
Of operations **Aug 20, Sept 1, 1941**  
**suffered a stroke, causing**  
Of autopsy **no paralysis of left**  
**side of body.**

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **2**

23. Signature **H. J. Mundy** (M. D. or other) **Corone**

Address **404 So 2d St** Date signed **9/5/41**

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

**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 *R. V. Kerst*.....

Licensed Embalmer No. *3874*

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.**