V. S. No. 2
50M—1-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1766

FILED FEB 10 1942

Registration District No. 8

Primary Registration District No. 1001

Registrar's No. 53

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: 729 So. 17th (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether

In this community 59 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. 729 So 17th (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Elizabeth Sestrup

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Herman Sestrup

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Feb (Month) 23 (Day) 1859 (Year)

8. AGE: Years 82 | Months 10 | Days 21 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Herman Saathamp
13. Birthplace ..... (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Katharine Unknown
15. Birthplace ..... (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs Elizabeth Kiddow

(b) Address St Joseph, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Fleeman & Son Inc

(b) Address St Joseph, Missouri

19. (a) Jan 15, 1942 (Date received local registrar) (b) W. J. Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14 year 1942 hour 5 minute 30 A M.

21. I hereby certify that I attended the deceased from Jan 11 1942 to Jan 12 1942 that I last saw her alive on Jan 12 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr Myocarditis	—
Due to Arterio-sel. gen —	
Due to	
Other conditions Contusion left hip and back (Include pregnancy within 3 months of death)	1-11/42

Major findings:
Of operations .....
Of autopsy .....

186a 14

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 Jan 11-1942

(c) Where did injury occur? St Joseph (City or town) Buchanan (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? No (e) Means of injury Fell on floor

23. Signature Beatrice Hardigan (M. D. or other)

Address 626 Francis Date signed 1/14/42

(Licensed Embalmer's Statement on Reverse Side) ST. JOSEPH

Huntington
Illinois

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~~ 1-14-42, Registered Apprentice No. ....., working under my personal supervision.

Signed Geo E Daniel

Licensed Embalmer No. 3300

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.