No. 2
1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5936

Registration District No. 85 | Primary Registration District No. 1001 | Registrar's No. 125

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 3 days (Specify whether years, months or days)
In this community 20 years

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. 1823 No. 2nd St. (If rural, give location)
(e) Citizen of foreign country? Naturalized German (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Nickolas Fuestenberg
3. (b) If veteran, name war: No
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: None
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Febuary (Month) 22, (Day) 1854 (Year)

8. AGE: Years 87 | Months 11 | Days 13 | If less than one day: hr. min.

9. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)
10. Usual occupation: Carpenter
11. Industry or business: Employed by self

FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant: Social Welfare Board Records
(b) Address: 10th and Olive Sts.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/7/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olivet Cemetery
18. (a) Signature of funeral director: John E. Rupp
(b) Address: 6054 Pryor Ave.
19. (a) Feb. 7, 1942 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 5 year 1942 hour 12 minute 10 A.M.
21. I hereby certify that I attended the deceased from Feb 2, 1942, to Feb 5, 1942; that I last saw him alive on Feb 4, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial insufficiency
Due to: Hypostatic bil. lobar pneumonia
Due to:
Other conditions: Fracture lt. femur (Include pregnancy within 3 months of death) — Duration: 9-20-41

Major findings:
Of operations: 1866
Of autopsy: 18

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: 9/20/41
(c) Where did injury occur? Fell at home (City or town) St Joseph (County) Buch. (State) Mo.
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)
While at work?
(e) Means of injury: Fell at Home

23. Signature: Owen W. O'Leary (M. D. or other) MD
Address: Social Welfare St Joseph Mo. Date signed 2-6-42

(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

Myself, Registered Apprentice No.

working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address 6054 Pryor Ave., 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.