

FILED JUN 18 1942

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Saint Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
223 South 17th St. Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution two weeks
(Specify whether
In this community Fifty years
years, months or days)

3. (a) PRINT FULL NAME Miss. Mary Alexander

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex Female 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 30, 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>11</u>	<u>27</u>	hr. _____ min. _____

9. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name Alexander Serockinder
13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Frances Golden
15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Josephine Slibowski

(b) Address 1701 Olive St.

17. (a) Burial (b) Date thereof May 29, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director The E. S. Sidenfaden & Son

(b) Address 602 South 10th Street

19. (a) 5-28-42 (b) Rose Hegazy
(Date received local registrar) (Registrar's signature)

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. 223 South 17th Street
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1942 hour 10 minute 50 M.

21. I hereby certify that I attended the deceased from May 15, 1942 to May 22, 1942
that I last saw alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Coronary Insufficiency bwt

Due to Chronic Arteriosclerotic

Due to Dropsey nephritis by 3m

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Of operations 131a

Of autopsy _____

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 _____

23. Signature Charles H. Wernier MD

Address 221 North 1st St. St. Joseph, Mo. 64501

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

Warner

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 Mollie E. Sidenfaden

Licensed Embalmer No. 4235

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.