

FILED JUL 20 1942

Registration District No. 45

Primary Registration District No. 1001

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

1. PLACE OF DEATH: Buchanan

(a) County Buchanan

(b) City or town St. Joseph City

(c) Name of hospital or institution: 816 North 10th /

(d) Length of stay: In hospital or institution 60 Years

In this community 60 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph

(d) Street No. 816 North 10th

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

If yes, name country

3. (a) PRINT FULL NAME Arnold Samuel Imobersteg

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1942 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from Aug 15 1942 to June 26 1942

that I last saw him alive on June 26 1942 and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lena Imobersteg

6. (c) Age of husband or wife if alive years 1858

7. Birth date of deceased: Sept 5 1858

Immediate cause of death: Chronic Myocardial Insufficiency

Duration: Unknown

8. AGE: Years 83 Months 9 Days 21

If less than one day hr. min.

Due to: ✓

Due to: ✓

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: ✓

Of autopsy: ✓

9. Birthplace Bern Switzerland

10. Usual occupation Retired

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name Jacob Imobersteg

13. Birthplace Switzerland

14. Maiden name Marie Trachsel

15. Birthplace Switzerland

16. (a) Informant Miss Louise Imobersteg

(b) Address St. Joseph, Missouri

17. (a) Burial (b) Date thereof June 29 42

(c) Place: burial or cremation Ashland Cemetery

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?

18. (a) Signature of funeral director St. Joseph, Missouri

(b) Address

19. (a) 6-29-42 (b) Rose Henry

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

23. Signature Gustav J. Law (M. D. or other) M.D.

Address: Independent Bldg, St. Joseph, Mo. Date signed 6/26/42

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

John H. Hurley

Licensed Embalmer No. *4050*

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.