

FILED AUG 13 1942

Registration District No. 87

Primary Registration District No. 1001

Registrar's No. 679

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 1 day
(Specify whether)

In this community 49 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. 726 S. 15th St.
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Helen Agnes Papst

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Leonard A. Papst

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased May 13 1893
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>49</u>	<u>2</u>	<u>1</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Thomas Lavelle

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

14. Maiden name Catherine McDonald

15. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Leonard A. Papst

(b) Address 726 S. 15th St. St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof July 16, 1942
(Month) (Day) (Year)

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

18. (a) Signature of funeral director Arnold W. S. DeWitt

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) 7-15-42 (Date received local registrar)

(b) Rose Heger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14th
year 1942 hour 3. minute 25 A.M.

21. I hereby certify that I attended the deceased from June 22 to July 13, 1942, that I last saw her alive on July 13, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Acute second degree Infectious Mononucleosis with Colitis - Enterocolitis

Due to Infectious Mononucleosis

Due to Colitis - Enterocolitis

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

PHYSICIAN

Major findings: ✓

Of operations: ✓

Of autopsy: ✓ 1200

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?

23. Signature Frank Stankovic (M. D. or other)

Address 620 Francis Date signed 7/14/42

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.....

Albert C. Harrington

Licensed Embalmer No.....

3258

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.