S. No. 2
I—9-4-41
. 5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

23924

State File No.

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 707

11
1
7

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. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Weeks (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph. 7
(If outside city or town limits, write "RURAL")

(d) Street No. 1006 North 18th Street.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Agnes Magdalen Wank.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased December (Month) 1 (Day) 1875 (Year)

8. AGE: Years 66 Months 7 Days 8 If less than one day hr. min.

9. Birthplace St. Joseph, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation None.

11. Industry or business

FATHER
12. Name Aloys Wank. 4
13. Birthplace Bavaria. (City, town, or county) Germany. (State or foreign country)

MOTHER
14. Maiden name Eva Englerth. 4
15. Birthplace Bavaria (City, town, or county) Germany. (State or foreign country)

16. (a) Informant Miss Amelia Wank.
(b) Address 1006 North 18th Street.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 (Month) 11 (Day) 1942 (Year)
(c) Place: burial or cremation Mount Olivet Cemetery

18. (a) Signature of funeral director Herman Wm. Sidenfaden
(b) Address 1802 Union St. St. Joseph Mo.

19. (a) 7-9-42 (Date received local registrar) (b) Rose Herzog. (Registrar's signature)

1233

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9th day July year 1942 hour 3. minute A.M.

21. I hereby certify that I attended the deceased from April 1942 to July 8 ; that I last saw her alive on July 9 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Carcinoma

Due to Carcinoma 7

Due to Left Breast 7

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 50

Of autopsy No

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 825 Charles Date signed 7-9-42

(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.....

.....Registered Apprentice No.....

working under my personal supervision.

Signed Herman Wm Sidenfaden

Licensed Embalmer No. 2928

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.