

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 13 1942

Registration District No.

Primary Registration District No. 1200

Registrar's No.

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:
2811 St. Joseph Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community 21 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. 2811 St. Joseph Ave.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME WILLIAM M. SCHABER

3. (b) If veteran, name war World I.

3. (c) Social Security No. 491-10-2195

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26
year 1942 hour 11:00 minute P.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Rena Schaber

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased April 26 1897
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1942 to 1942 and that I last saw him alive on im and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

45	6	0	hr.	min.
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Immediate cause of death Arterio Sclerosis

Due to.....

Due to.....

9. Birthplace Andrew Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations 99/1

Of autopsy no

11. Industry or business Beaty Grocery Co.

12. Name George Schaber

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

14. Maiden name Christina Schaber

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

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?.....

16. (a) Informant Wm. W. Schaber

(b) Address 2811 St. Joseph Ave.

17. (a) Burial (b) Date thereof 10-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place burial or cremation St. Jo. Mem. Park Ceme.

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

18. (a) Signature of funeral director Roe Heagy

(b) Address 319 So. 10 St. Joseph, Mo.

19. (a) 10-30-42 (b) Roe Heagy
(Date received local registrar) (Registrar's signature)

23. Signature J. T. Starnes (M.D. or other).....
Address 2811 St. Joseph Ave. Date signed 11/27/42

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

MOTHER FATHER

OCT 18 1948

NOV 17 1948

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 Oct. 27-48
....., Registered Apprentice No.
working under my personal supervision.

Signed Wm. E. Summerfield
.....
Licensed Embalmer No. 3007
.....
*P. O. Address 315 So. St. Joseph

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.