

FILED MAR 22 1943

Registration District No. 422

Primary Registration District No. 1000

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:
Nursing Home, 1107 Ridenbaugh St. 4
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
(Specify whether
 In this community 70 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. 1025 Henry St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Lillie Mary Schiesl

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John A. Schiesl 6. (c) Age of husband or wife if alive years

7. Birth date of deceased October 28 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 3 25 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name John Sullivan
 13. Birthplace Unknown Ireland 4
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant E. J. Schiesl
 (b) Address 2326 No. 22nd. St. St. Joseph, Mo.

17. (a) Burial (b) Date thereof 2-25-43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Olivet

18. (a) Signature of funeral director Halter Metzger
 (b) Address 13th. & Teraon St. St. Joseph, Mo.

19. (a) 2-25-43 (b) Alce Heigoy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23rd.
 year 1943 hour 8:02 minute P. M.

21. I hereby certify that I attended the deceased from Feb. 19 1943 to Feb. 21 1943;
 that I last saw h. et alive on Feb 21 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Feb. 19/43
 Duration

Due to arterio scl. gen -

Due to

Other conditions J3a
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy none

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 St. Joseph (Specify type of place) (e) Means of injury.....

23. Signature Frank H. ... (M. D. or other)
 Address 620 ... Date signed 2/24/43

1233

St Joseph Mo

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 Geo E Daniel

Licensed Embalmer No. 3300 Missouri

P. O. Address St. Joseph, Missouri.

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.