

DEPARTMENT OF COMMERCE
BUREAU OF REGISTRATION

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 309

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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days
(Specify whether
In this community Lifetime
years, months or days)

3. (a) PRINT FULL NAME Katherine Ziebold

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, 2 divorced Widowed

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

7. Birth date of deceased January 5 1860
(Month) (Day) (Year)

8. AGE: Years 83 Months 2 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Buchanan County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name John Schreiber
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Friedricka Ackerman
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Miss. Minnie Ziebold

(b) Address 1121 S. 15th Str., St. Joseph, Mo.

17. (a) Burial (b) Date thereof Mar. 10, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemt.

18. (a) Signature of funeral director Herbert W. Sidenfader

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

19. (a) 3-10-43 (b) Rose Kergoz
(Date received local registrar) (Registrar's signature)

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. 1121 S. 15th Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th
year 1943 hour 7 minute 05 A.M.

21. I hereby certify that I attended the deceased from Feb. 3, 1943, to Mar. 8, 1943
that I last saw her alive on Mar. 7, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia Duration 10 1/2

Due to _____

Due to _____

Other conditions Arterio-sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 _____ (Specify type of place) Means of injury _____

23. Signature John L. Brown (M. D. or other) MB
Address St. Joseph, Mo. Date signed 3-8-43

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

John A. 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.