

S. No. 2
M-2-43
5-17-39
1 X3559

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34214

State File No. _____

FILED NOV 2 1943

Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 1206

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:
324 North 13th. Street, /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not
(Specify whether years, months or days)

In this community 80 years 3 months 18 days
(Specify whether 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. 324 North 13th. St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Anna Bauman Schoen

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 Albert Hugo Schoen

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

7. Birth date of deceased: June 23 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>3</u>	<u>18</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name George Bauman

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

14. Maiden name Christina Beahr

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

16. (a) Informant Bible Record

(b) Address 324 No. 13th. St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof 10/14/1943
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Faraon St., St. Joseph, Mo.

19. (a) 10-14-43 (b) Rose Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11th
year 1943 hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan 1936 to Oct 11 1943
that I last saw h. er alive on Oct 11 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 2 days

Due to arterio sclerosis

Due to diabetes mellitus

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

Major findings:
Of operations 61

Of autopsy _____

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? _____

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

23. Signature W. Bauman (M. D. or other) _____
Address 670 Francis St. Joseph, Mo. Date signed 10-14-43

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

1200

FEB 16 1944

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 L. Harrington
Licensed Embalmer No. 3258 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.