

Registration District No. 42

Primary Registration District No. 1080

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:
Ms. Methodist Hosp.
(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) 54 years

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri

(b) County Buchanan

(c) City or town 720 Green St.
(If outside city or town limits, write "RURAL.")

(d) Street No. St. Joseph
(If rural, give location)

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

3. (a) PRINT FULL NAME Rosa A. Pfaff

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11
year 1944 hour 2 minute 05 P.M.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced, widow 2 divorced widow

6. (b) Name of husband or wife William Pfaff

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

7. Birth date of deceased May 7 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12/13 1943 to 1/11 1944
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	71	8	4	hr. _____ min. _____

Immediate cause of death Fracture Antea Caputana Femoris
Chronic Pulmonary

Due to accident

Due to arteriosclerosis

9. Birthplace Rulo Nebr. 1
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 1860

10. Usual occupation at home

11. Industry or business _____

MOTHER, FATHER

12. Name Augustus Broerner

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

14. Maiden name Mary M. Glutte

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

Major findings: Of operations none

Of autopsy no

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Mary Kuster

(b) Address Glendale, Cal

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) yes, accident

(b) Date of occurrence 12/13/43

(c) Where did injury occur? Home St. Joseph, Buch Co., Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 1/15/44
(Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

While at work? no (Specify type of place)

(e) Means of injury Fall

18. (a) Signature of funeral director Beate & Baumant

(b) Address 319 Sp 10th

19. (a) 1/14/44 (Date received local registrar)

(b) Rose Herzog (Registrar's signature)

23. Signature J. S. Stacey (M. D. or other)

Address 2134 St. Joseph Date signed 1/17/44

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

Dr. J. J. Stancy
2624 St. Joseph Ave

MAR 27 1944

MAR 29 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 Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St Joseph M

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.