. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5610

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 160

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 Methodist Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan
(c) City or town RFD # 3 (If outside city or town limits, write "RURAL")
(d) Street No. St Joseph Mo (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME EMMA-L-PINGER.
3. (b) If veteran, name war no
3. (c) Social Security No.
4. Sex Fem
5. Color or race Wht
6. (a) Single, widowed, married, divorced Mad
6. (b) Name of husband or wife Louis Pinger
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Dec 14 1894 (Month) (Day) (Year)

8. AGE: Years 50 Months 1 Days 26 If less than one day hr. min.

9. Birthplace St Joseph Mo (City, town, or county) (State or foreign country)
10. Usual occupation at home
11. Industry or business
FATHER 12. Name Edward Miller
13. Birthplace St Joseph Mo (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Lena Felton
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Louis L. Pinger Jr.
(b) Address St Joseph Mo
17. (a) B (Burial, cremation, or removal) (b) Date thereof 2-13-45 (Month) (Day) (Year)
(c) Place: burial or cremation Memo Park Cem
18. (a) Signature of funeral director Stamey Funeral Home
(b) Address St Joseph Mo
19. (a) 2-13-45 (Date received local registrar) (b) Helen I Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10 year 1945 hour 5 minute a M.
21. I hereby certify that I attended the deceased from Feb 10, 1945, to Feb 10, 1945 that I last saw her alive on 2-9, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart disease Arterio Sclerotic (Chr. myocarditis)	?
Due to Arterio Sclerosis general	?
Due to Chr. nephritis	
Other conditions Hypertension (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 1316

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature H W Clark MD (M. D. or other)
Address St Joseph Mo Date signed 2/10/45

1371

(Licensed Embalmer's Statement on Reverse Side)

APR 25 1945

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 Roy Stanley

Licensed Embalmer No. 2435

P. O. Address 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.