V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23526

FILED JUL 24 1945

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 769

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: 410 South 22nd St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 65 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. 410 South 22nd St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anastasia Sommers
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 15, 1852
(Month) (Day) (Year)

8. AGE: Years 93 Months 3 Days 5 If less than one day hr. min.

9. Birthplace Czecho-Slavakia
(City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business home
FATHER
12. Name Peter Gallus
13. Birthplace Czecho Slovakia
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace Czecho-Slovakia
(City, town, or county) (State or foreign country)
16. (a) Informant John Sommers
(b) Address 2310 Charles St, St. Joseph, Mo.
17. (a) Burial (b) Date thereof 7-21-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt Olivet Cemetery
18. (a) Signature of funeral director Barry Funeral Home
(b) Address St. Joseph, Mo.
19. (a) 7-21-45 (b) Helen I Pickle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1945 hour 6 minute A M.
21. I hereby certify that I attended the deceased from July 7, 1945 to July 18, 1945;
that I last saw her alive on July 18, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocard. Chr.	—
Due to	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

93d

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 Frank Hardigan (M. D. or other)
Address 620 Phoenix Date signed 7/20/45

1377

(Licensed Embalmer's Statement on Reverse Side)

JUL 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 Mollie E. Siebenfaden Fox

Licensed Embalmer No. 4235

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.