V. S. No. 2
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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. 30140

FILED OCT 24 1945

Registration District No. _____ Primary Registration District No. 1000 Registrar's No. 1019

**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: 721 So. 22nd. St. /
(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)
In this community 35 Years

**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. 721 So. 22nd. St. 7
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward Francis Hans
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March (Month) 2 (Day) 1910 (Year)

8. AGE: Years 35 Months 6 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace St. Joseph (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Formerly State Hiway Dept
MOTHER FATHER
12. Name Ernest Hans
13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)
14. Maiden name Lucy Mary Murawski
15. Birthplace Chicago (City, town, or county) Illinois / (State or foreign country)
16. (a) Informant Mrs. Frank Stock
(b) Address 721 So. 22nd. St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sep't. 25, 45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery
18. (a) Signature of funeral director Herman W. Siebenfaller
(b) Address 1802 Union St. St. Joseph, Mo.
19. (a) Sep't. 25, 45 (Date received local registrar) (b) _____ (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sep't. day 2 year 1945 hour 6 minute P. M.
Viewed
21. I hereby certify that I attended the deceased from Sept 23d, 19 45 to _____, 19 _____; that I last saw h. _____ alive on _____, 19 _____; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Mitral Insufficiency | |
| Due to | |
| Due to | |
| Other conditions none (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy no | |

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 B. W. Tadlock Coroner (M. D. or other)
Address King Hill Bldg Date signed 9/24/45

1428

(Licensed Embalmer's Statement on Reverse Side)

## 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~~ Ehmer Thomas, Registered Apprentice No. ....., working under my personal supervision.

Signed Ehmer Thomas

Licensed Embalmer No. 2640

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.**