

FILED APR 10 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 300

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: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
In this community 50 Years
(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. 2833 Penn St.
(If rural, give location)
(e) Citizen of foreign country? No.
If yes, name country *

3. (a) PRINT FULL NAME Josephine Ast

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Henry 6. (c) Age of husband or wife if alive * years

7. Birth date of deceased November 12 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	3	28	hr. min.

9. Birthplace Monroeville Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

12. Name Joseph Cole

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

14. Maiden name Adaline Cagnet

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

16. (a) Informant Miss Agnes O'Connor

(b) Address No. 8 Summit Place

17. (a) Burial (b) Date thereof Mar. 13, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Arthur W. Sweeney

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) Mar. 13, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1946 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from March 5, 1946 to March 10, 1946; that I last saw him alive on March 10, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial thrombosis

Due to Semility

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 95%

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) (2) Means of injury 0

23. Signature [Signature] (M. D. or other) _____

Address [Signature] Date signed 3/11/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

7455

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. 7640

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.