

FILED JUN 10 1948 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 648

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:  
Missouri Methodist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 Weeks Hosp't  
(Specify whether  
In this community Lifetime  
years, months or days)

3. (a) PRINT FULL NAME Emma Bassing Borkowski

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 Joseph 6. (c) Age of husband or wife if alive. \* years

7. Birth date of deceased August 9 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 9 24 hr. min.

9. Birthplace St. Joseph Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name Wendelin Bassing

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

14. Maiden name Eva Sophia Muth

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

16. (a) Informant Miss Josephine Borkowski

(b) Address 1406 Sylvania St.

17. (a) Burial (b) Date thereof June 6, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Thomas W. S. ...

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

19. (a) June 5, 1946 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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. 1406 Sylvania St.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3  
year 1946 hour 4 minute 17 P.M.

21. I hereby certify that I attended the deceased from Mar 14, 1946 to June 3, 1946  
that I last saw her alive on June 3, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction Duration 6 mo

Due to Hypertension. Neph. Ch. ?

Due to \_\_\_\_\_

Other conditions Cerebral Secondary ?  
(include pregnancy within 3 months of death)

Major findings:  
Of operations [Signature]  
Of autopsy \_\_\_\_\_

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) (e) Means of injury ?

23. Signature [Signature] (M. D. or other) MD  
Address St. Joseph, Mo. Date signed 6-4-46

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

18700

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NOV 1 1966

**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 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.**