. S. No. 2
M—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 SEP 3 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26291

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 956

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph, [illegible]
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri Methodist Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 hours (Specify whether
In this community About 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan 11

(c) City or town St. Joseph, Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D.#4 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Ella (Martha Ellen) Brieschke

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fem /

5. Color or race Wht

6. (a) Single, widowed, married, divorced Div. 2

6. (b) Name of husband or wife Erick

6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased Jan. 31, 1879
(Month) (Day) (Year)

8. AGE: Years 67 Months 6 Days 20 If less than one day hr. min.

9. Birthplace ---------- Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name William Martin 9
13. Birthplace ------ unk
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Susin Williams 9
15. Birthplace ------- unk
(City, town, or county) (State or foreign country)

16. (a) Informant Charles L. Dalton
(b) Address St. Joseph, Mo

17. (a) R (Burial, cremation, or removal) (b) Date thereof Aug. 23'46
(Month) (Day) (Year)

(c) Place: burial or cremation Ridgeley, Mo., Cemetery

18. (a) Signature of funeral director Stanley Funeral Home
(b) Address St. Joseph, Mo.

19. (a) Aug. 26, 1946 (Date received local registrar) (b) H. J. Nesthauss (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21
year 1946 hour 3:45 minute P M.

21. I hereby certify that I attended the deceased from 8/21/46, 19__, to 8/21/46, 19__;
that I last saw her alive on 8/21/46, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	3 da
Due to Coronary Sclerosis	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94
Of autopsy

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 W. W. Carle, Jr. (M. D. or other) 0
Address 706 Francis, St. Joseph, Mo Date signed 8-22-46

34

(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.....

....., 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.