

**FILED OCT 27 1946**

Registration District No. **42** Primary Registration District No. **1000**

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 0**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 day** (Specify whether  
In this community **Lifetime** 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. **1015 Faraon St.** /  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
\*  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Emma Hann**

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 **John T.**

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

7. Birth date of deceased **October 31 1862**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**83 10 25**

hr. \_\_\_\_\_ min.

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

10. Usual occupation **Housewife**

11. Industry or business **None**

MOTHER FATHER { 12. Name **Julius E. Schmidt**

13. Birthplace **Unknown Germany** //  
(City, town, or county) (State or foreign country)

14. Maiden name **Kathrine Steilen**

15. Birthplace **Unknown Germany** 4  
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Viola Hann**

(b) Address **1015 Faraon St.**

17. (a) **Burial** (b) Date thereof **Sept. 28, 46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Auburn Cemetery**

18. (a) Signature of funeral director **Herman W. Davidson**

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

19. (a) **Sept. 30, 1946** (b) **H. J. Nestle**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **26**  
year **1946** hour **03** minute **00** A. M.

21. I hereby certify that I attended the deceased from **Aug 10**  
**1946**, to **Sept. 26**, 1946,  
that I last saw her alive on **Sept. 25, 1946**, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis Chronic** Duration **1 year**

Due to **Arteriosclerotic Heart Disease** **1 year**

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

Other conditions **Generalized Arteriosclerosis**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**ASD**

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)

Means of injury \_\_\_\_\_

23. Signature **H. C. Sonne** (M. D. or other) \_\_\_\_\_

Address **507 E. 3rd St. St. Joseph, Mo.** Date signed **9-28-46**

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

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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

*James Thomas*

Licensed Embalmer No.

*2640*

P. O. Address

*St Joseph Md*

**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.**