

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 16 1946

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29600**
Registrar's No. **1008**

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

1. PLACE OF DEATH:
(a) County **Buchanan**
(b) City or town **St Joseph Mo**
(c) Name of hospital or institution: **State Hospital # 2**
(d) Length of stay: In hospital or institution **4 yrs 8 months 10 days**
In this community **4 years, 8 months, 10 days**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Buchanan**
(c) City or town **St Joseph**
(d) Street No. **2920 Penn City**
(e) Citizen of foreign country? **no**

3. (a) PRINT FULL NAME **Maud Kriddlebauch**

3. (b) If veteran, name war **na** 3. (c) Social Security No. **2218**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widow**

6. (b) Name of husband or wife **not given** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **1871**

8. AGE: Years **75** Months **---** Days **---** If less than one day **hr. min.**

9. Birthplace **Missouri**

10. Usual occupation **housewife**

11. Industry or business
12. Name **not given**
13. Birthplace **Missouri**
14. Maiden name **not given**
15. Birthplace **Missouri**

16. (a) Informant **David Zapp**
(b) Address **2929 Penn**

17. (a) **Buried** (b) Date thereof **9-7-46**

18. (a) Signature of funeral director **E. R. SIZENFADEN**

19. (a) **Sept. 6, 1946** (b) **F. J. Threlkeld**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **4**
year **1946** hour **6 20** minute **0** M.

21. I hereby certify that I attended the deceased from **Jul 22 1946** to **9/4 1946**
that I last saw him/her alive on **9/3 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **vascular syphilis** Duration **several years**

Due to.....

Due to.....

Other conditions.....

Major findings: Of operations **307**

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?

While at work (Specify type of place) (e) Means of injury.....

23. Signature **E. R. SIZENFADEN** Date signed **9/4 1946**

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

MOTHER FATHER

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 *Mollie E. Sidenfaden Fox*
Licensed Embalmer No. *4235*
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.