

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 24 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1396

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:
1701 So. 20th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether)

In this community 84 Years
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. 1701 So. 20th St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Pauline Theodora Gensen

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12
year 1946 hour 8 minute 00 A. M.

21. I hereby certify that I attended the deceased from
Dec 12th 1946 to _____ 19____
that I last saw h. _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Frederick W.

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

7. Birth date of deceased September 10 1852
(Month) (Day) (Year)

Immediate cause of death Arteriosclerosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>94</u> | <u>3</u> | <u>2</u> | hr. _____ min. |

9. Birthplace Philidelphia Penn.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

MOTHER FATHER { 12. Name Joseph Pfeiffer

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

14. Maiden name Louise Waldschutz

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Agatha Pfeiffer

(b) Address 1701 So. 20th St.

17. (a) Burial (b) Date thereof Dec. 14, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Norman J. Deufelbach

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

19. (a) 12-18-46 (b) W. L. Jenkins
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature W. B. Tadlock coroner (M. D. or other)

Address KING HILL BLDG Date signed 12/12/46

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

38478

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(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

JUL 31 1941

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.