

S. No. 2  
M-5-43  
5-17-39  
I. X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 17 1946**  
Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39692**  
Registrar's No. **1353**

Primary Registration District No. 1000

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

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:  
1715 Felix Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Not (Specify whether  
in this community 37 years (Specify whether  
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. 1715 Felix Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ( )

3. (a) PRINT FULL NAME Emma Mathilda Maier  
3. (b) If veteran, name war No 3. (c) Social Security No. No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month December day 2  
year 1946 hour 11 minute 00 P. M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased: August 27 1890  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 19  
1946 to Dec 2 1946  
that I last saw h. e. r. alive on Dec 2 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
56 3 5 hr. min.

Immediate cause of death Carcinoma of throat Duration unknown

9. Birthplace Buffalo New York  
(City, town, or county) (State or foreign country)

Due to Metastasis

10. Usual occupation Cashier

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

11. Industry or business Dry Goods Co.

Other conditions: (Include pregnancy within 3 months of death)

12. Name Rev. Carl Maier

Major findings: ASF

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

Of operations \_\_\_\_\_

14. Maiden name Sophia Leidner

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

15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Elizabeth Maier  
(b) Address 1715 Felix, St. Joseph, Missouri.

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof 12/5/1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Ashland Cemetery

(a) Accident, suicide, or homicide (specify) ✓

18. (a) Signature of funeral director Walter Meierhoffer  
(b) Address 1302 Faracom, St. Joseph, Missouri.  
Dec. 5, 1946

(b) Date of occurrence ✓

19. (a) Dec. 5, 1946 (b) E. L. Jenkins  
(Date received local registrar) (Registrar's signature)

(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 Gustav A. Kern (M. D. or other) MD  
Address Kirkpatrick Bldg St. Joseph Mo Date signed 12/3/46

*from*

---

---

**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 *Albert E. Harrington*

Licensed Embalmer No. *3258* Missouri

P. O. Address..... *St. Joseph, Missouri*.....

**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.**