

S. No. 2
FORM-5-43
Rev. 5-17-39
I X35671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

319

State File No. _____
Registrar's No. 86

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: St. Joseph's Hospital
(d) Length of stay: In hospital or institution 1 Month (Hosp't)
In this community 58 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 2311 Angelique St.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Mary Thirifay
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 16
year 1947 hour 6 minute 15 P.M.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Michael
6. (c) Age of husband or wife if alive * years
7. Birth date of deceased August 16 1866

21. I hereby certify that I attended the deceased from Jan 14 1947 to Jan 16 1947
that I last saw him alive on Jan 16 1947
and that death occurred on the day and hour stated above.

8. AGE: Years 80 Months 5 Days 0
If less than one day hr. min.

Immediate cause of death: Myocardial Infarction
Due to: Death due to Myocardial Infarction

9. Birthplace Neno Wisconsin

Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy: 61

10. Usual occupation Retired

11. Industry or business None

12. Name Christopher Mueller
13. Birthplace Luxemburg Germany

14. Maiden name Barbara Germing
15. Birthplace Luxemburg Germany

16. (a) Informant Miss Genevieve Thirifay
(b) Address 2311 Angelique St.

17. (a) Burial (b) Date thereof Jan. 20, 1947
(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Hermann W. S. denfaden
(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) 1-21-47 (b) K. G. Jenkins
(Date received local registrar) (Registrar's signature)

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature J. H. Allaman (M. D. or other)
Address 1118 1/2
Date signed 1/18/47

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

MOTHER FATHER

1948 JUN 3

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 Chas 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.