

S. No. 2
-1/47
5-17-39

MISSOURI OFFICE OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23448**
Registrar's No. **905**

FILED AUG 7 1947
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:
723 So. 15th. 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 **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. **723 So. 15th. St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country *****

3. (a) PRINT FULL NAME **Emma Karle Schaefer**
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 **Antone**
6. (c) Age of husband or wife if alive ***** years
7. Birth date of deceased **March 2 1861**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 4 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**

12. Name **Gregory Karle**

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

14. Maiden name **Sophia Strominger**

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

16. (a) Informant **Mr. Eugene E. Schaefer**

(b) Address **1810 Savannah Ave.**

17. (a) **Burial** (b) Date thereof **July 30, 47**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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

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

19. (a) **8-4-47** (b) **G. L. Jenkins**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **27**
year **1947** hour **6** minute **15 P.M.**

21. I hereby certify that I attended the deceased from **Jan**
1936 to **July 27 1947**
that I last saw him **alive** on **July 27 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chr. Myocardial Chr. Arteriosclerosis**
Duration **10 yrs 10 yrs**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)
Y.S.D.

Major findings: Of operations

Of autopsy

PHYSICIAN
Underline the cause of 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) (c) Means of injury

23. Signature **Albert H. Muench** (M. D. or other) **M.D.**

Address **706 Francis St. St. Joseph, Mo.** Date signed **July 28, 1947**

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

MOTHER FATHER

1006 R 4479

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 James W. By Clanchan Registered Apprentice No. 486 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.