No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 20 1947
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33782
Primary Registration District No. 1000
Registrar's No. 1232

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution I3IO North 22nd 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 45 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County buchanan 11
(c) City or town St Joseph Mo. 1
(If outside city or town limits, write "RURAL")
(d) Street No. I3IO North 22nd Str. 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Elizabeth Zepp
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 Married
6. (b) Name of husband Paul
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased October (Month) 23rd (Day) I878 (Year)

8. AGE: Years 68 Months II Days I8 If less than one day ____hr. ____min.

9. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4
10. Usual occupation Housewife
11. Industry or business None

MOTHER FATHER
12. Name John Geib
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4
14. Maiden name Elizabeth Shoemaker
15. Birthplace Nnknown (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Paul Zepp
(b) Address I3IO North 22nd Str.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct.I4 I947 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery
18. (a) Signature of funeral director Herman Wm Sidenfaden
(b) Address I802 Union St. St Joseph Mo.
19. (a) 10-16-47 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 207

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day II
year I947 hour IO minute I5 p M.
21. I hereby certify that I attended the deceased from 10-8-47, 19____, to 10-11-47, 19____;
that I last saw her alive on 10-10-47, 19____;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia, Hypostatic	1wk
Due to: Heart Disease, Hypertensive	1Month
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature N C Sanns (M. D. or other)
Address 207 N S St. Joseph, Mo Date signed 10-13-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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.....
Guy F. Hays, Jr. Registered Apprentice No. 88,
working under my personal supervision.

Signed..... Robert L. Gayle

Licensed Embalmer No. 3308

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.