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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 8 1947
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37205

Primary Registration District No. 1000

Registrar's No. 1417

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: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Days (Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No. 725 So. 21st. St. 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country * 0

3. (a) PRINT FULL NAME Anna Barbara Wiezorek
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Joseph
6. (c) Age of husband or wife if alive * years
7. Birth date of deceased January (Month) 24 (Day) 1872 (Year)

8. AGE:	Years	Months	Days	If less than one day
1	75	10	4	hr. min.

9. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4
10. Usual occupation Housewife
11. Industry or business None
FATHER
12. Name Mathews Mollus
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant Mr. Henry M. Wiezorek
(b) Address 725 So. 21st. St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 2, 47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet cemetery
18. (a) Signature of funeral director Herman Wm. Sydenfaden
(b) Address 1802 Union St. St. Joseph, Mo.
19. (a) 12-4-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28
year 1947 hour 11 minute 10 P. M.

21. I hereby certify that I attended the deceased from 11-19-47, 19..., to 11-28-47, 19...;
that I last saw her alive on 11-28-47, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic Heart Disease	unk.
Due to Arteriosclerosis	unk.
Due to	
Other conditions Cerebral Thrombosis (Include pregnancy within 3 months of death)	Due Unk.

Major findings:
Of operations
Of autopsy
93D

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 George W. Forman (M. D. ~~or other~~)
Address 825 Charles St Joseph, Mo. Date signed 11-29-47

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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed Robert R Yaple

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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.