

FEDERAL SECURITY AGENCY
National Office of Vital StatisticsMISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 5 1948
Registration District No.

Primary Registration District No. 1000

Registrar's No. 1531

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:
2636 Jules 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.
years, months or days)

3. (a) PRINT FULL NAME Will Stein Aldrich3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lucile Sevier Aldrich 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased November 2 1865
(Month) (Day) (Year)

8. AGE: 82 Years 1 Months 27 Days If less than one day
hr. min.

9. Birthplace Chicago Illinois /
(City, town, or county) (State or foreign country)10. Usual occupation Retired Architect11. Industry or business Eckel & Aldrich12. Name George Aldrich13. Birthplace Unknown Mass. /
(City, town, or county) (State or foreign country)14. Maiden name Emily E. Briggs15. Birthplace Freeport Maine. /
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Lucile Aldrich(b) Address 2636 Jules St., St. Joseph, Mo.17. (a) Removal (b) Date thereof Dec. 31 1947
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Butler, Mo.18. (a) Signature of funeral director Walter Meierhoff(b) Address 1946 Colhoun St., St. Joseph, Mo.19. (a) 12-30-47 (b) E. L. Jenkins
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. 2636 Jules Street 7
(If rural, give location)
(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29th
year 1947 hour 11 minute 00 P. M.21. I hereby certify that I attended the deceased from July 1944 19 to 12-29-47 19;
that I last saw him alive on 12-29-47 19;
and that death occurred on the date and hour stated above.Immediate cause of death: Pneumonia Duration 12 hrsDue to Cerebral thrombosis 8 hrs

Due to

Other conditions A
(Include pregnancy within 3 months of death)Major findings: 3
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? St. Joseph, Mo.
(City or town) (County) (State)

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

While at work? Yes (Specify type of place) (c) Means of injury 023. Signature E. L. Jenkins (M. D. or other)Address St. Joseph, Mo. Date signed 12-30-47

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

MOTHER FATHER

NOV 14 1948

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 C. Harrington

Licensed Embalmer No..... 5258 Missouri.

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.