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 FEB 3 1948
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 268
Registrar's No. 120

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: 1704 South 12th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 10 In this community: 40 years (Specify whether 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.: 1704 So 12th
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Rose Myer
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: Female
5. Color or race: white
6. (a) Single, widowed, married, divorced: widow
6. (b) Name of husband or wife: Edward
(c) Age of husband or wife if alive: years
7. Birth date of deceased: April 5, 1871 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
76	9	21	hr. min.

9. Birthplace: Laura, Ohio (City, town, or county) (State or foreign country)
10. Usual occupation: housewife
11. Industry or business: home
FATHER 12. Name: Archibald Steele
13. Birthplace: unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Polley Critze
15. Birthplace: unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Frank Steele
(b) Address: 1704 So 12th St., St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-28, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Olivet Cemetery
18. (a) Signature of funeral director: Barry Funeral Home
(b) Address: St. Joseph, Mo.
19. (a) 1-30-48 (Date received local registrar) (b) E. E. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26 year 1948 hour 11:15 A.M. minute M.
21. I hereby certify that I attended the deceased from 7-2-47, 19..., to 1-26, 1948 that I last saw he alive on 1-23, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Heart Disease (arteriosclerotic)	Unknown
Insanity	"
Fractured Hip	7 mo
Due to: Arteriosclerosis, general	Unknown
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy: 93P

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: John J. Byrne (M. D. or other)
Address: St. Joseph, Mo. Date signed 1-27-48

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 Victor Barry

Licensed Embalmer No. 4212

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.