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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 12 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

294

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 14

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

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 Mo. Meth. Hospital 0
(If not in hospital or institution, write street number or location).

(d) Length of stay: In hospital or institution 3 hours (Specify whether
In this community 71 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2846 Mitchell Ave. 7
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Addie Schleicher

3. (b) If veteran, name war No

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 Otmer T. Schleicher

6. (c) Age of husband or wife if alive years

7. Birth date of deceased August (Month) 5 (Day) 1862 (Year)

8. AGE: Years 85 Months 5 Days 0 If less than one day hr. min.

9. Birthplace Allentown (City, town, or county) Pennsylvania (State or foreign country)

10. Usual occupation At home

11. Industry or business At home

FATHER
12. Name Wm. J. Sussman
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Helen Froemmig
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Mrs. Helen Sansone 1

(b) Address St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/48 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Heaton-Bowman

(b) Address St. Joseph, Mo.

19. (a) 1-8-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5
year 1948 hour 6 minute 20 A. M.

21. I hereby certify that I attended the deceased from 4-15-46, 19 to 1-5-48, 19;
that I last saw her alive on 1-5-48, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death urinia	24 hrs
Due to nephritis	18 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

131 B

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 R Forgrave (M. D. ~~or other~~)

Address 420 N. 8th St St Joseph Mo. Date signed 1-5-48.

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 James B. Hawkins, Registered Apprentice No. 27, working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, 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.