No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11557

FILED MAY 10 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 519

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) 0
(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 one week (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 (If outside city or town limits, write "RURAL") 1
(d) Street No. 208 Michigan St. (If rural, give location) 7
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country Naturalized Russian

3. (a) PRINT FULL NAME Cunagunda Helen Fix

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 or wife Peter

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased January (Month) 14, (Day) 1879 (Year)

8. AGE: Years 69 Months 3 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace Odessa (City, town, or county) Russia (State or foreign country) 6

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) unknown (State or foreign country) 9

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

16. (a) Informant Frank Fix (son)
(b) Address 208 Michigan St., City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/5/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director John E. Rupp
(b) Address 6054 Pryor Ave., City

19. (a) 5-6-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3, year 1948 hour 2 minute :30 A. M.

21. I hereby certify that I attended the deceased from 4/20/48, 19..., to 5/3/48, 19...; that I last saw her alive on 5/3/48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral thrombosis	4 da.
Due to Diabetes mellitus	5 yrs.
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) 0
While at work? (e) Means of injury

23. Signature J. F. Sheartins (M. D. or other) md.
Address Doctors Bldg. St. Joseph, Mo. Date signed 5-3-48

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, Grande R. Stobe, Registered Apprentice No. 213 working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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