

No. 2
1/47
7-39

FILED MAY 3 1948

1000

480

Registration District No.

Primary Registration District No.

Registrar's No.

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:
1523 Dewey Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 55 Years

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. 713 So. 21st. St.
(If rural, give location)

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

If yes, name country *

3. (a) PRINT FULL NAME Catherine Frances Jozwiak

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 Widowed

6. (b) Name of husband or wife None Not given 6. (c) Age of husband or wife if alive ** years

7. Birth date of deceased Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20 year 1948 hour 6 minute 00 P. M.

21. I hereby certify that I attended the deceased from April 4 - 1948 to April 20, 1948 that I last saw her alive on April 18, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy, Acute Cerebral Hemorrhage

Due to 2 days

Due to General Arteriosclerosis 2 yrs

Other conditions Debility (mental sickness) 6 weeks

PHYSICIAN

Major findings: Of operations 30

Of autopsy: No

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) (Country) (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 H. F. Mundy (M. D. or other) 4/21/48

Address 704 So 3rd Date signed 4/21/48

8. AGE: Years Months Days If less than one day

About 82 - - - hr. min.

9. Birthplace Unknown Poland 4

(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business None

MOTHER FATHER

12. Name Unknown

13. Birthplace " Poland 4

(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace " Poland 4

(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Otto Jahnke 1

(b) Address 713 So. 21st. St.

17. (a) Burial (b) Date thereof Apr. 23, 48

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Hermawitz Sidenfaden

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) Apr. 25, 1948 (b) H. F. Mundy

(Date received local registrar) (Registrar's signature) 382

St. Joseph, Mo.

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

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.....

.....
working under my personal supervision.

Signed.....

Robert H. Gable

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 with the above constitutes grounds for revocation of license.)

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