FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 26 1948

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 22191

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 778

**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: Missouri Methodist Hosp't. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether

In this community 41 Years 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.: 1006 No. 25th. St. (If rural, give location)

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

If yes, name country: *

3. (a) PRINT FULL NAME: Madalene Bucher

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: Frank Xavier

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

7. Birth date of deceased: June (Month) 19 (Day) 1882 (Year)

8. AGE: Years 66 Months 0 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace: Luzern (City, town, or county) Switzerland (State or foreign country)

10. Usual occupation: Housekeeper

11. Industry or business: None

FATHER
12. Name: Joseph Rigert
13. Birthplace: Luzern (City, town, or county) Switzerland (State or foreign country)

MOTHER
14. Maiden name: Rose Sherer
15. Birthplace: Unknown (City, town, or county) Switzerland (State or foreign country)

16. (a) Informant: J. A. Bucher

(b) Address: 803 No. 22nd. St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 19,48 (Month) (Day) (Year)

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

18. (a) Signature of funeral director: Herman Wm Sidenfaden

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

19. (a) 7-23-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 16 year 1948 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from 7-7-48, 19..., to 7-16, 1948 that I last saw her alive on 7-16, 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Pneumonia lobar rt and left | 5 da. |
| Due to: Hysterectomy with ether anaesthesia 7-7-48 | 9 da. |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): 56 B | |

Major findings: Of operations: Prolapse of uterus. Fibrosis of uterus

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)

While at work? (e) Means of injury

23. Signature: H. D. Kearby (M. D. or other)

Address: St Joseph Mo Date signed: 7-17-48

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 Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph M

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

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