

THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25525

State File No. \_\_\_\_\_

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 888

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:  
St. Joseph's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day (Specify whether  
In this community Lifetime years, months or days)

3. (a) PRINT FULL NAME Emma Augusta Pioch  
3. (b) If veteran, name war None  
3. (c) Social Security No. 491-09-4026

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased September 7 1902  
(Month) (Day) (Year)

8. AGE:  Years 45 Months 11 Days 11 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Buchanan County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Machine operator

11. Industry or business Sun Mfg. Co.

MOTHER FATHER

12. Name Charles Pioch

13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Augusta Borchardt

15. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charles Pioch

(b) Address 832 S. 18th St., St. Joseph, Mo. 1948

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 21, 1948  
(Month) (Day) (Year)

(c) Place: burial or cremation Behland Cemetery

18. (a) Signature of funeral director Walter Meerschaffner

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 8-24-48 (Date received local registrar) (b) W. B. Jenkins (Registrar's signature)

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. 832 S. 18th Street  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18th  
year 1948 hour 2 minute 34 P. M.

21. I hereby certify that I attended the deceased from Aug 17, 1948 to Aug 18, 1948  
that I last saw her alive on Aug 18, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction  
Due to adhesions

Due to \_\_\_\_\_  
Other conditions 2 B  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy as above

PHYSICIAN

Underline the cause to 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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Clement J. Schindler (D. or other) M.D.  
Address 308 Schneider Bldg Date signed 19 Aug 48

MAR 2 1949

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, \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed

*Raymond H. Herold*

Licensed Embalmer No. 4413 Missouri

P. O. Address St. Joseph, Mo.

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.