

FILED AUG 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26192**

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>919</u>			
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 2 years.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph					
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital				d. STREET ADDRESS (If rural, give location) 1015 Grand Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) Gertrude		b. (Middle) Ella		c. (Last) Sturgeon		4. DATE OF DEATH (Month) (Day) (Year) August 16 1949			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH August 28, 1870			
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY At home			11. BIRTHPLACE (State or foreign country) Tonica, Illinois.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Cyrus Hausconi		13b. MOTHER'S MAIDEN NAME Abigail Colburn		14. NAME OF HUSBAND OR WIFE Thomas L. Sturgeon		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Thomas L. Sturgeon			ADDRESS St. Joseph, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension					
				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								391X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR					
22. I hereby certify that I attended the deceased from <u>July 26, 1949</u> , to <u>Aug 16, 1949</u> , that I last saw the deceased alive on <u>Aug 16, 1949</u> , and that death occurred at <u>2:30P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE Harold J. Brum (Degree or title) MD				23b. ADDRESS St Joseph, Mo		23c. DATE SIGNED 8-17-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 18, 1949		24c. NAME OF CEMETERY OR CREMATOR Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.			
DATE REC'D BY LOCAL REG. Aug 25, 1949		REGISTRAR'S SIGNATURE G. C. Jenkins		25. FUNERAL DIRECTOR'S SIGNATURE Walter Meierhoffer		ADDRESS 1946 Colhoun St. 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*****

***** Student Embalmer No. *****

working under my personal supervision.

Student
Student Embalmer

Signed.....

Albert C. Harrington

Licensed Embalmer No. 3258 Missouri.

P. O. Address. St. Joseph, Missouri.

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.