

No. 300
10-48

FILED OCT 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33078

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1088E

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 town or township) St. Joseph, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph, Mo.	
c. LENGTH OF STAY (in this place) 11 Mon.		d. STREET ADDRESS (If rural, give location) 2224 Faraon Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1213 North 10th Street			

3. NAME OF DECEASED (Type or Print) a. (First) Ida	b. (Middle) Muthig	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Oct. 6 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 8, 1869	9. AGE (in years last birthday) 79	if UNDER 1 YEAR Months Days	if UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry Krull	13b. MOTHER'S MAIDEN NAME Walburga Platt	14. NAME OF HUSBAND OR WIFE Thomas
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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 Mrs. Oscar E. Berndt	ADDRESS 2224 Faraon
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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		INTERVAL BETWEEN ONSET AND DEATH 9/24/49 -9030 20 3 yrs -
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture left femur		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fall - DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile dementia			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) ✓	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 12137 10th St. Joseph Buchanan Mo.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Buchanan Buchanan Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9 24 1949 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fall on floor - 13
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22. I hereby certify that I attended the deceased from 9/24, 1949, to 10/5, 1949, that I last saw the deceased alive on 10/5, 1949, and that death occurred at 12:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank W. Hardigan (1)	23b. ADDRESS 670 Monroe St.	23c. DATE SIGNED 10/7/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 10-49	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
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DATE REC'D BY LOCAL REG. Oct. 10, 1949	REGISTRAR'S SIGNATURE E. E. Jenkins 382	25. FUNERAL DIRECTOR'S SIGNATURE (Address) (Name) Herman W. Sidenfaden 1822 Union St.
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.

Signed Elmer Thomas

Signed.....
Student Embalmer

Licensed Embalmer No. 2640

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.