BIRTH NO. I. PLACE OF DEATH a. COUNTY Buchanan b. CITY (If outside corporate limits, von TOWN St. JOSEPH d. FULL NAME OF (If not in boseph HOSPITAL OR (If not in boseph HOSPITAL OR (If not in boseph INSTITUTIONMIS SOU TI 3. NAME OF DECEASED (Type or Print) DO TB 5. SEX Female White 10a. USUAL OCCUPATION (Give kind of done during most of working life, even if re House wife 13a. FATHER'S NAME Abraham Kirstein 15. WAS DECEASED EVER IN U. S. AR	REG. DIST. NO. write RURAL and give township) STA tal or institution, give street addre Methodist Hosp b. (Mid RACE 7. MARRIED, NEVER WIDOWED, DIVORO Mairied fwork 10b. KIND OF BUSIN OWN Home 13b. MOTHEL	ENGTH OF Y (in this place) YF8 • or location) ital die) MARRIED, ED (Specify)	a. STATE Mi c. CITY (if outside OR TOWN d. STREET ADDRESS c. (Last) Alex 8. DATE OF BIRTH April 20,1 11. BIRTHPLACE (S. RUBBIA C.	BBOURI COMPORTAL LIMITS St. JO (If rural, 1023 S. 9	Where deceased liv. b. COU! s. write BURAL and Beph stre location) th Street 4. DATE (DEATH Jan 9. AGE (In years Last birtbday) 64	yar's No. od. If los NTY Bi if give town Month)	(Day) (Day) Fire Days Fire	(Year)
I. PLACE OF DEATH a. COUNTY Buchanan b. CITY (If outside corporate limite, or OR St. Joseph d. FULL NAME OF CIT not in bospht HOSPITAL OR INSTITUTIONMIS SOURI 3. NAME OF DECEASED (Type or Print) DO TA 5. SEX 6. COLOR OR F Female White 10a. USUAL OCCUPATION (Give kind of done during most of working life, even if re House wife 3a. FATHER'S NAME Abraham Kirstein 5. WAS DECEASED EVER IN U.S. AP.	write RURAL and give township) SIA tal or institution, give street address Methodist Hosp b. (Mid RACE 7. MARRIED, NEVER WIDOWED, DIVORC Married Gwerk 19b. KIND OF BUSIN OWN Home 13b. Mother University of the social	ENGTH OF Y (In this place) YF8 • or location) i ta 1 dle) MARRIED, ED (Specify) JESS OR INDUSTRY	2. USUAL RES a. STATE Mi c. CITY (if outside OR TOWN d. STREET ADDRESS c. (Last) Alex 8. DATE OF BIRTH April 20,1 11. BIRTHPLACE (S. Ruseia	sto Jo (If rural, 623 8 • 9	where deceased lives. COU! s. write RURAL and Beph give location) th Street 4. DATE (OF DEATH Jan DEATH Jan DEATH Jan Last birthday) 64	Month)	(Day) (Day) Fire Days Fire	(Year)
a. COUNTY Buchanan b. CITY (If outside corporate limits, on OR TOWN St. Joseph d. FULL NAME OF (If not in bosph HOSPITAL OR INSTITUTIONMIS SOURT) 3. NAME OF DECEASED (Type or Print) DO TA 5. SEX 6. COLOR OR F Female White 10a. USUAL OCCUPATION (Give kind of done during most of working life, even if re House wife 3a. FATHER'S NAME Abraham Kirstein 5. WAS DECEASED FUER IN U.S. AP.	township) STA tal or institution, give street addre Methodist Hosp b. (Mid RACE 7. MARRIED, NEVER WIDOWED, DIVORO Married 10b. KIND OF BUSIN Own Home 13b. MOTHEL OWED FORCES 116. SOCIAL	Y (In this place) YF8 • or location) i tal die) MARRIED, ED (Specify) / ESS OR IN- DUSTRY	a. STATE Mi c. CITY (if outside OR TOWN d. STREET ADDRESS c. (Last) Alex 8. DATE OF BIRTH April 20,1 11. BIRTHPLACE (S. RUBBIA C.	securi secretaria de la comporate dimits St. Jo (II rural, 623 S. 9	b. COUI s. write BURAL and Beph sive location) th Street 4. DATE (OF DEATH Jan 9. AGE (In years Last birtbdsy) 64	Month)	(Day)	(Year)
OR TOWN St. Joseph d. FULL NAME OF (if not in bosph HOSPITAL OR INSTITUTIONMIS SOU TI 3. NAME OF DECEASED (Type or Print) 5. SEX 6. COLOR OR F Female White Oa. USUAL OCCUPATION (Give kind of done during most of working life, even if re HOUSEWIFE Abraham Kirstein 5. WAS DECEASED EVER IN ILS ARE	township) STA tal or institution, give street addre Methodist Hosp b. (Mid RACE 7. MARRIED, NEVER WIDOWED, DIVORO Married 10b. KIND OF BUSIN Own Home 13b. MOTHEL OWED FORCES 116. SOCIAL	Y (In this place) YF8 • or location) i tal die) MARRIED, ED (Specify) / ESS OR IN- DUSTRY	c. (Last) Alex 8. DATE OF BIRTH April 20,1 11. BIRTHPLACE (S. Rubeia	St. Jo (II rural, 623 S. 9	steph th Street 4. DATE (OF DEATH Jan) 9. AGE (In year) 64	Month)	(Day) (10,195) (Days Hour	1 XER 24 H28
NAME OF DECEASED (Type or Print) SEX	RACE 7. MARRIED, NEVER WIDOWED, DIVORO MARTIEO OF BUSIN OWN Home 13b. MOTHEL UT	MARRIED, ED (Bpedfy) / ESS OR IN- DUSTRY	and Address c. (Last) Alex B. DATE OF BIRTH April 20,1 11. BIRTHPLACE (S. Ruseia	886	th Street 4. DATE (OF DEATH Jan 9. AGE (In years) 64	Month)	10,195	1 XER 24 H28
(Type or Print) 5. SEX 6. COLOR OR F Female White 0a. USUAL OCCUPATION (Give kind of doine during most of working life, even if re House wife 3a. FATHER'S NAME Abraham Kirstein 5. WAS DECEASED EVER IN U.S.AP.	RACE 7. MARRIED, NEVER WIDOWED DIVORD MATTIEU 19b. KIND OF BUSIN OWN Home 13b. MOTHER UT	MARRIED, ED (Specify) / ESS OR IN- DUSTRY	Alex 8. DATE OF BIRTH April 20,1 11. BIRTHPLACE (8) RUBBIA	.886	9. AGE (In years	uary	10,195	1 XER 24 H28
Female White On. USUAL OCCUPATION (Give kind of done during most of working Mrs. even Mrs. Housewife Ba. FATHER'S NAME Abraham Kirstein S. WAS DECEASED EVER IN U.S. AP.	Own Home 13b. MOTHER 13b. MOTHER 13c. MOT	ESS OR IN- DUSTRY	April 20,1	.886	9. AGE (In years least birthday) 64	UF UNDER	Days Hour	XER M HXS
done during most of working life, even if re House wife a. FATHER'S NAME Abraham Kirstein WAS DECEASED EVER IN U.S.AP.	Own Home 13b. MOTHER 13b. MOTHER 13c. MOT	ESS OR IN- DUSTRY	11. BIRTHPLACE (S	tate or foreign o	ountry)	' 	10 CSTITUTE	
Abraham Kiratein	UI UI	R'S MAIDEN	****			Ì	12. CITIZEN COULTRY USA	OF WHA
WAS DECEASED EVER IN ILS AR	MED EORCEST LIE SOCIAL		NAME	14. NA	WE OF HUSBAND	OR WIF	E	
WAS DECEASED EVER IN II S AD	MED EODCEST 16 COCIAL	nknown ,		М	ax_Alex			
Yes, no, or unknown) (If yes, give yar or	rdates of service) None	SECURITY NO.	17. INFORMAN Max Ale		TURE OR NA Joseph,			RESS
8. CAUSE OF DEATH Conter only one cause per ine for (a), (b), and (c)	OP CONDITION		e hyperte				INTERVAL E ONSET AND	ETWEEN DEATH
A hee mode of dying, such s heart fallure, asthenia, ic. It means the dis- ase, injury, or complica- ion which caused death. Morbid con- rise to the a the underlyi	INT CAUSES Additions, if any, giolog DUE TO those cause (a) stating long cause last. DUE TO SIGNIFICANT CONDITIONS							
related to the	contributing to the death but not e disease or condition causing des R FINDINGS OF OPERATION	ath. Ure	emia	<u></u>			1 20. AUTOP	
TION							YES 🗆	NO _
lia. ACCIDENT (Bpeelty) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e home, farm, factory, street, of	.g., in or about files bldg., etc.)	21c. (CITY, TOWN,	OR TOWNSHIE	P) (COL	JNTY)	(STAT	E)
id. TiME (Month) (Day) (Yes OF INJURY	WHILEAT [] N	OCCURRED OT WHILE	211. HOW DID INJU	RY OCCUR?				
2. I hereby certify that I attend alive on	ded the deceased from	1947 ccurred at		-10- the causes	, 19 <mark>5] ,</mark> the do			eceasea
	andles M	D.	23b. ADDRESS 31 St. Jose		ician & ssouri		823c. DATE:	
4a. BURIAL. CREMA- 24b. DATE TION, REMOVAL (Boodly) Burial . 1951 Jan . 1	24c. NAME (1.1951 Shaar	-	y or crematory m Cometory	24d. LOCA St.	Tion (City, town . Joseph ,	•	• • • •	State)
	AR'S SIGNATURE_	775	Fatter	ECTOR'S S	ICNATURE	ΑĎ	Joseph	, Mo

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, of by ****

working under my personal supervision.

3258 Missouri. Licensed Embalmer No Student Embalmer

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