

FILED MAR 12 1951

STANDARD CERTIFICATE OF DEATH

State File No. 3866
Registrar's No. 252

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Joseph	
c. LENGTH OF STAY (In this place) 50 Yrs		d. STREET ADDRESS (If rural, give location) 802 South 16th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION. 802 South 16th Street			

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) Regina c. (Last) Kneib			4. DATE OF DEATH (Month) (Day) (Year) March 3, 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Dec. 11, 1882		9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (State or foreign country) Weingarten, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME John Grushaber	
13b. MOTHER'S MAIDEN NAME Agnes Ritter		14. NAME OF HUSBAND OR WIFE John		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 Wilfred V. Kneib		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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Disease - Atherosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>✓</u> DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>4 200</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		✓					

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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Jan 1950 to 3-3, 1951; that I last saw the deceased alive on Mar 1, 1950, and that death occurred at 7:30a m., from the causes and on the date stated above.

23a. SIGNATURE <u>John L. Ryan M.D.</u> (Degree or title)		23b. ADDRESS <u>St Joseph Mo.</u>		23c. DATE SIGNED <u>3-3-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 5, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St Joseph, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Mar 6, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casler</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman W. Bodenbender</u>		ADDRESS <u>1802 Union St</u>	
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

0117

0113

APR 27 1951

APR 26 1951

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 _____

Ernest A. 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.