

MAR 10 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4041

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 219

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY Buchanan   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Mo. b. COUNTY Buchanan |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>TOWN St. Joseph | c. LENGTH OF STAY (In this place)<br>1 yr. | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN St. Joseph 0177                          |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>2717 Lafayette St.                           |  | d. STREET ADDRESS (If rural, give location)<br>2717 Lafayette St. 0  |  |

|   |   |
|---|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) William b. (Middle) Thomas c. (Last) Igoe | 4. DATE OF DEATH (Month) 2 (Day) 29 (Year) 52 |
|---|---|

|             |                        |   |                                    |                                    |                        |                       |                       |                      |
|-------------|------------------------|---|------------------------------------|------------------------------------|------------------------|-----------------------|-----------------------|----------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3 | 8. DATE OF BIRTH Sept. 17/ 1917 34 | 9. AGE (In years last birthday) 34 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 1 MIN. Hours | IF UNDER 1 MIN. Min. |
|-------------|------------------------|---|------------------------------------|------------------------------------|------------------------|-----------------------|-----------------------|----------------------|

|   |  |  |                                     |
|---|--|--|-------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Bookkeeper | 10b. KIND OF BUSINESS OR INDUSTRY<br>Gas Co. | 11. BIRTHPLACE (State or foreign country)<br>St. Joseph, Mo. | 12. CITIZEN OF WHAT COUNTRY?<br>USA |
|---|--|--|-------------------------------------|

|                                       |  |                                     |
|---------------------------------------|--|-------------------------------------|
| 13a. FATHER'S NAME<br>Wm. Thomas Igoe | 13b. MOTHER'S MAIDEN NAME<br>Anna Roesle | 14. NAME OF HUSBAND OR WIFE<br>Lois |
|---------------------------------------|--|-------------------------------------|

|   |                                       |  |
|---|---------------------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service)<br>yes W.W.#2 | 16. SOCIAL SECURITY NO.<br>49-09-1683 | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS<br>Anna Igoe St. Joseph, Mo. |
|---|---------------------------------------|--|

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><i>unknown</i> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial chronic</i>  |  |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <i>Alcoholism chronic</i><br>DUE TO (c) _____ |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |  |

|                        |  |   |
|------------------------|--|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br>3221 | 20. AUTOPSY?<br>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 2-28, 1952, to 2-29, 1952, that I last saw the deceased alive on 2-28, 1952, and that death occurred at 10:30 A. M., from the causes and on the date stated above.

|   |                                       |                            |
|---|---------------------------------------|----------------------------|
| 23a. SIGNATURE (Degree or title)<br><i>Clemens C. ...</i> | 23b. ADDRESS<br><i>St. Joseph Mo.</i> | 23c. DATE SIGNED<br>3-3-52 |
|---|---------------------------------------|----------------------------|

|   |                     |  |   |
|---|---------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial | 24b. DATE<br>3/3/52 | 24c. NAME OF CEMETERY OR CREMATORY<br>Mt. Olivet Ceme. | 24d. LOCATION (City, town, or county) (State)<br>St. Joseph Mo. |
|---|---------------------|--|---|

|   |  |  |
|---|--|--|
| DATE REC'D BY LOCAL REG.<br>MARCH 6, 1952 | REGISTRAR'S SIGNATURE<br><i>Carl C. Cash</i> | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS<br><i>Victor Barry St. Joseph Mo.</i> |
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(Licensed Embalmer's Statement on Reverse Side)

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

0117

MAR 20 1945

APR 1 1945

MAR 20 1945

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Victor Barry

Signed.....  
Student Embalmer

Licensed Embalmer No. 4217

P. O. Address St Joseph

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.