

FILED APR 6 1953

STANDARD CERTIFICATE OF DEATH

State File No. 8898

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

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 390

| | | | | | |
|---|-----------------------------------|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u> | | c. LENGTH OF STAY (In this place) <u>33 yrs</u> | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u> | | d. STREET ADDRESS (If rural, give location) <u>1219. Ro 11th St</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>State Hospital no 2</u> | | | d. STREET ADDRESS | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Mollie</u> c. (Last) <u>Shapiro</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 26 1953</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>not given</u> | 9. AGE (In years last birthday) <u>76</u> | IF UNDER 1 YEAR Months <u>6</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u> | 11. BIRTHPLACE (State or foreign country) <u>Russia</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> |
| 13a. FATHER'S NAME <u>not given</u> | | 13b. MOTHER'S MAIDEN NAME <u>not given</u> | 14. NAME OF HUSBAND OR WIFE <u>Frank Shapiro</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Shapiro 1219. Ro 11th St St. Joseph Mo</u> | | |
| 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) <u>Chronic Myocarditis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u> |
| | | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> | | |
| | | | DUE TO (c) <u>Manic Depressive Psychosis</u> | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4221</u> | | | 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? | | |
| 22. I hereby certify that I attended the deceased from <u>Jan 1</u> , 1953, to <u>March 26</u> , 1953, that I last saw the deceased alive on <u>March 26</u> , 1953, and that death occurred at <u>2, P</u> m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Forrest Stone M.D.</u> | | | 23b. ADDRESS <u>St. Joseph Mo. 9, State Hospital no 2</u> | | 23c. DATE SIGNED <u>3/26-53</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>(Burial)</u> | 24b. DATE <u>March 27-1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Shaare Sholem</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u> | | |
| DATE REC'D BY LOCAL REG. <u>April 2, 1953</u> | | REGISTRAR'S SIGNATURE <u>Leather M. Allison</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Weintrauber Newman St. Joseph, Mo.</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

