

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **20747**

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

JUL 6 - 1953

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **707**

1. PLACE OF DEATH a. COUNTY Buchanan b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph c. LENGTH OF STAY (in this place) 50 Yrs. d. FULL NAME OF HOSPITAL OR INSTITUTION 828 So. 18th St.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph d. STREET ADDRESS (If rural, give location) 828 So. 18th St.	
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3. NAME OF DECEASED (Type or Print) BERNIECE FRIENDORFER a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) June 19/1953			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 3/1865	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Warsaw, Poland		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Mike Schewick	13b. MOTHER'S MAIDEN NAME Mary - (unknown)	14. NAME OF HUSBAND OR WIFE Antone Friendorfer
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. 491-10-0850	
17. INFORMANT'S SIGNATURE OR NAME Helen Farquhar, St. Joseph, Mo. ADDRESS		

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) Arteriosclerosis general ANTECEDENT CAUSES anterioroclerotic heart & kidney disease DUE TO (b) uremia fracture lumbar vertebra DUE TO (c) decubitus ulcer		INTERVAL BETWEEN ONSET AND DEATH 10 days 3 hrs 1 week
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 9020 21 017	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph Buchanan Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar. 18, 1953 ?m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell out of bed.
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22. I hereby certify that I attended the deceased from 6-11, 1943, to 6-19, 1953, that I last saw the deceased alive on June 19, 1953, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>L. L. Lannon</i>	(Degree or title) M.D.	23b. ADDRESS St. Joseph, Mo.	23c. DATE SIGNED 6-20-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 23/53	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
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DATE REC'D BY LOCAL REG. June 29, 1953	REGISTRAR'S SIGNATURE <i>Kathleen M. Allison</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Victor Berry St. Joseph Mo.</i>
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(Licensed Embalmer's Statement on Reverse Side)

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.

Student
Student Embalmer

Signed

Victor J. Barry

Licensed Embalmer No. *212*

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.