

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

State File No. **27798**

FILED SEP 8 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 956

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>Buchanan</b>	b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>Buchanan</b>
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Methodist Hospital</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Methodist Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1517 N 2nd Street</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>Margaret</b>	b. (Middle)	c. (Last) <b>Jesberg</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>August 28 1953</b>
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<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>March 10, 1880</b>	<b>9. AGE</b> (In years last birthday) <b>73</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 1 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>At home</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Clay Co., Missouri.</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
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<b>13a. FATHER'S NAME</b> <b>Gustav L. Leffler</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Louise E. Gonsar</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>William Jesberg</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Miss. Florence Jesberg</b>	<b>ADDRESS</b> <b>St. Joseph, Mo.</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>1 day</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Coronary Thrombosis</b>		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>St. Joseph, Buchanan, Missouri</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from August 27, 1953, to August 28, 1953, that I last saw the deceased alive on August 28, 1953, and that death occurred at 8:00A m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>M. A. ...</i>	(Degree or title) <b>M.D.</b>	<b>23b. ADDRESS</b> <b>217 N. 2nd St. St. Joseph, Missouri</b>	<b>23c. DATE SIGNED</b> <b>August 29, 1953</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>(Burial)</b>	<b>24b. DATE</b> <b>August 31-1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Memorial Park</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Joseph, Missouri.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>Sept 2, 1953</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Esther M. Allison</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>Muecherhoffer-Fleeman, Inc.</i>	<b>ADDRESS</b> <b>St. Joseph, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_ \*\*\*\*

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Student Embalmer No. \*\*\*

working under my personal supervision.

Student ..... \*\*\* ..... \*\*\*\* .....  
Student Embalmer

Signed

*Raymond H. Herkes*

Licensed Embalmer No. 4413 Missouri

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.