Health, Welfare Public Service

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FILED APR 14 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008514
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 340

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hospital — Length of stay in 1b: 62 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS 1812 St. Joseph Ave., (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First MARY Middle MARGARET Last SIGRIST

4. DATE OF DEATH Month April Day 5 Year 1959

5. SEX Female 1

6. COLOR OR RACE White

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] 2 **DIVORCED** [ ]

8. DATE OF BIRTH Sept. 25, 1882

9. AGE (In years last birthday) 76 years — 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) Cook

10b. KIND OF BUSINESS OR INDUSTRY Y.W.C.A

11. BIRTHPLACE (City and state or country) Bern, Switzerland 5

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Louis F. Michaelis

13b. MOTHER'S MAIDEN NAME Mary Margaret Mischler

14. NAME OF HUSBAND ~~OR WIFE~~ Lewis E. Sigrist (deceased)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 488-40-8020

17. INFORMANT Mr. Charles L. Sigrist — Address Hays, Kansas

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pericarditis, Fibrinous and Fibrous — INTERVAL BETWEEN ONSET AND DEATH: 1 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Pleuritis, Left Lower Lung — 3 months
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Arteriosclerotic Nephritis 5190

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from April 2, 1959, to April 5, 1959 and last saw ~~the~~ her alive on April 4, 1959
Death occurred at 10:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Allen Sherman (Degree or title) M.D.

22b. ADDRESS 706 Francis St. Joseph, Mo.

22c. DATE SIGNED 4-7-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE April, 7, 1959

23c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery

23d. LOCATION (City, town, or county) St. Joseph, (State) Missouri

24. FUNERAL DIRECTOR Stamey Funeral Home GAD — **ADDRESS** St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG. April 7, 1959

26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
Dr. Allen I Herman
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 .....
Signature of Student Embalmer

Signed Charles E. Bennett

Licensed Embalmer No. 4677

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.