

REC'D MAY 11 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14249

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township Washington Primary Registration District No. 1001
(c) City St. Joseph (d) Street No. 2402 Faraon St. 370
(e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Ellen Giller

(a) Residence, No. 2402 Faraon St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph J. Giller
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 27, 1874
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 5 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Buchanan County
(STATE OR COUNTRY) Missouri

13. NAME John P. Stuber
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Switzerland

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

17. INFORMANT Joseph J. Giller
(ADDRESS) 2402 Faraon Str. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery
PLACE St. Joseph, Mo. DATE April 8, 1939

19. FUNERAL DIRECTOR (NAME) H. O. Sidenfaden & Son
(ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED Apr 9 1939 H. J. Neel
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1939, to April 6, 1939
I last saw h. er alive on April 15, 1939. Death is said to have occurred on the date stated above, at 5:00A m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia about 4-3-39

Other contributory causes of importance:

Influenza about 3-25-39

Name of operation None Date of 7

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) John P. Stuber, M. D.

(Address) 711 Cooper Bldg. St. Joseph, Mo.

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,

Robert P. Clarkson

or by *****

Registered Apprentice No. ***** , working under my personal supervision.

Signed Robert P. Clarkson

Licensed Embalmer No. 4028.

P. O. Address 1802 Union Str. St. Josep

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, above space should be left blank.