JAN 11 1940

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

42818
Do not use this space.

85

1. PLACE OF DEATH
(a) County Buchanan, Registration District No. 1001
(b) Township Registered No. 1296
(c) City St. Joseph, (d) Street No. 201 East Highland Avenue, St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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2. PRINT FULL NAME Catherine Sarah Ernst,
(a) Residence, No. 201 East Highland Avenue, St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Frederick E. Ernst,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 15, 1868.

7. AGE: Years 71 | Months 4 | Days 1 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) (STATE OR COUNTRY) Christiansburg, Ohio,

FATHER
13. NAME J. Huddleson,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown,

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

17. INFORMANT Frederick E. Ernst
(ADDRESS) 201 East Highland Avenue,

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Jo. Mem. Park DATE Dec. 18th. 39

19. FUNERAL DIRECTOR (NAME) Waton Belsole & Bowman
(ADDRESS) 319 So. 10th. Street, Tuesday

20. FILED Dec 18, 1939 W. J. Nettlebush
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 16th, 1939

22. I HEREBY CERTIFY, That I ~~attended~~ Viewed deceased from Dec 17th, 1939, to ....., 19....
I last saw h~~is~~ ~~#~~ wife on ....., 19.... Death is said to have occurred on the date stated above, at 3:45 p.m.
The principal cause of death and related causes of importance were as follows:

Acute Coronary Thrombosis — Date of onset

Other contributory causes of importance:
Arteriosclerosis

Name of operation — Date of —
What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 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) R. W. Tadlock Coroner, M. D.
(Address) King Hill Bldg.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

(Licensed Embalmer's Statement on Reverse Side)

MAY 15 1946

Fold-in

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, Dec, 16, 19

....., or by .....

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

Signed Wm. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So 10th St Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.