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MAY 12 1940 85
Registration District No. _____

Primary Registration District No. 1001

State File No. _____

Registrar's No. 426

I. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
105 North 19th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 55 years
years, months or days) 223

8. (a) PRINT FULL NAME Albert J. August
(b) If veteran, name war LE 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Sarah 6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 9 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	11	2	hr. _____ min.

9. Birthplace New York City New York
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Clothing Store

MOTHER FATHER

12. Name Jacob August 9

13. Birthplace Unknown Unknown 0
(City, town, or county) (State or foreign country)

14. Maiden name Bertha Epstein

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elaine Strauss

(b) Address St. Joseph, Missouri

17. (a) cremation (b) Date thereof April 16, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director Walter Meisbacher

(b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) 4/16/40 (b) H. J. Westbuch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 105 North 19th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1940 hour 7 minute 55 P. M.

21. I hereby certify that I attended the deceased from Sept 23, 1936, to April 11, 1940
that I last saw him alive on April 11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis
Coronary Arteriosclerosis
Due to General Arteriosclerosis

Duration
3 yrs
3 1/2 yrs
months

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 121

Major findings: Of operations
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

85 While at work? (Specify type of place) (e) Means of injury _____

23. Signature John E. Payne (M. D. or other) MD
Address Cobby Bldg., St. Joseph Date signed 4-17-40

WRITE PLAINLY—USE 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *P. H. Kelly*
Licensed Embalmer No. Mo. 3946
P. O. Address St. Joseph, Missouri.

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.