

No. 2  
11-10-39  
5-17-39  
I X21492

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24637

State File No.

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 759

1. 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:  
2425 Penn 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 53 years (Specify whether  
years, months or days)

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. 2425 Penn. (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 53 years.

3. (a) PRINT FULL NAME

Pauline Wilhelmina David 130

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Franz E. David

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

7. Birth date of deceased. November 16, 1863  
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 29 If less than one day hr. min.

9. Birthplace Pommern Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name John Zank

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

14. Maiden name Emilie Raphael

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

16. (a) Informant Mrs. Arnold Bailey

(b) Address 2425 Penn, St. St. Joseph, Mo.

17. (a) Burial (b) Date thereof 7 18 40.  
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Farson, St. St. Joseph, Mo.

19. (a) July 17, 1940 (b) A. J. ...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15  
year 1940 hour 8 minute 40 P.M.

21. I hereby certify that I attended the deceased from Nov. 1, 1938, to July 15, 1940  
that I last saw her alive on July 15, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolus Duration 6 hours  
Due to arteriosclerosis X

Due to Coronary Sclerosis 2 yrs

Other conditions Carcinoma of Rectum 6 mos  
(Include pregnancy within 3 months of death)

Major findings: Of operations no operation  
Of autopsy none #6

Duration

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) no

(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 H. J. ... (M. D. or other)

Address 825 Charles St. St. Joseph, Mo. 7/16/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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

*H. H. Kelly*

Licensed Embalmer No. .... Mo. 3946

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, above space should be left blank.**