

REGD JAN 10 1941 85
Registration District No. _____

Primary Registration District No. **1001**

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

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:
2028 St. Joseph Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None** (Specify whether
In this community **67 years** years, months or days)

3. (a) PRINT FULLNAME **Andrew Rowland Veraguth**
3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Gertrude Veraguth** 6. (c) Age of husband or wife if alive **52 years**
7. Birth date of deceased **Sept. 14 1873**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	2	29	hr. min.

9. Birthplace **St. Joseph Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Tavern operator**

11. Industry or business _____

12. Name **Henry Veraguth**
13. Birthplace **Unknown Switzerland**
(City, town, or county) (State or foreign country)
14. Maiden name **Ida Maag**
15. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Gertrude Veraguth**

(b) Address **2418 St. Joseph Ave. St. Joseph, Mo.**

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

(c) Place: burial or cremation **Mt. Olivet Cemetery**

18. (a) Signature of funeral director **H.O. Sidenfaden & Son**

(b) Address **1802 Union Str. St. Joseph, Mo.**

19. (a) **12-14-1940** (b) **J. J. Neelbush**
(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. **2418 St. Joseph Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **13th**
year **1940** viewed **6** minute **10** A. M.

21. I hereby certify that I attended the deceased from **12-13-40** to **12-13-40**
attended from 1936 to 12/10 19 **40**
that I last saw him alive on **Aug.** 19 **40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion - Sudden Death**
Due to **arterio-sclerosis**

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

Major findings:
Of operations **none**

Of autopsy **none**

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

23. Signature **J. J. Neelbush** (M. D. or other) **med.**

Address **835 Charles St. JOSEPH** Date signed **12-14-40**

Duration **5 min.**
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Clifford P. Harrington

Licensed Embalmer No. 3258

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, fact should be so stated above.