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17-39  
X28390

FILED SEP 25 1941

Registration District No. **35**

Primary Registration District No. **1001**

Registrar's No. **1**

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

**1. PLACE OF DEATH:**

(a) County Buchanan

(b) City or town St Joseph Mo.

(c) Name of hospital or institution: 12529 Pacific St  
(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 years, months or days) 50 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Buchanan

(c) City or town St Joseph

(d) Street No. 2529 Pacific St  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Eva Schubert

**3. (b) If veteran,** name war none

**3. (c) Social Security** No. none

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Sept day 16<sup>th</sup> year 1941 hour 8 minute — A.M.

**21. I hereby certify that I attended the deceased from** 11 1941 to Sept 6 1941;

that I last saw her alive on Sept 16 1941;

and that death occurred on the date and hour stated above.

**4. Sex** Female

**5. Color or race** White

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

**6. (b) Name of husband or wife** Joseph

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

**7. Birth date of deceased:** May 19 (Month) 1869 (Day) (Year)

Immediate cause of death Myocardial Infarction Duration 1940

Due to \_\_\_\_\_

Due to \_\_\_\_\_

**8. AGE:** Years 72 Months 3 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

**10. Usual occupation** Housewife

**11. Industry or business** Home

**MOTHER FATHER**

**12. Name** unknown Brown

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

**14. Maiden name** unknown

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

Other condition Myocardial Infarction

(Include pregnancy within 3 months of death)

Major findings: 73a

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**PHYSICIAN** \_\_\_\_\_

Underline the cause to which death should be charged statistically.

**16. (a) Informant** Barbara Jaffler

**(b) Address** 2529 Pacific St

**17. (a) Burial** (b) Date thereof 9-19-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** St Albert Cemetery

**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? \_\_\_\_\_

**18. (a) Signature of funeral director** Jay Barry Juncal

**(b) Address** 218 South 10th St

**19. (a) 9-19-41** (b) H. M. H. H.  
(Date received local registrar) (Registrar's signature)

**23. Signature** Frank W. H. H. M. D. or other \_\_\_\_\_

**Address** Franklin St Date signed 9/16/41

SEP 24 1944

**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 Victor J. Barry  
Licensed Embalmer No. 4212  
P. O. Address S. J. 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.**