

FILED APR 2 1942

State File No. _____

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 250

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:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 50 years. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 011
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. R.R.#1. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME George Wm. Soldner

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Soldner 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased May 28 1863
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 11 If less than one day
hr. _____ min. _____

9. Birthplace Selegentadt 4 Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Building Contractor

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown 4 Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 4 Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Soldner

(b) Address R.R.#1 St. Joseph, Mo.

17. (a) Burial (b) Date thereof Mar. 12, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
Mt. Olivet Cemetery

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Herwald J. Brunner

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

19. (a) 3-10-42 (b) H. J. Mathias
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th
year 1942 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from March 6
1942 to March 9 1942
that I last saw him alive on March 9 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure Duration _____

Due to Coronary sclerosis
Hypertension - aortic
Due to insufficiency

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

Major findings: 92a
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? _____

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

23. Signature Herwald J. Brunner (M. D. MD)

Address St. Joseph, Mo. Date signed 3-10-42

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

011
1
7

67
75-
M.
S.

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..... *R. Farrington*
Licensed Embalmer No..... *3258*
P. O. Address..... *H. 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.