

FILED JAN 13 1943

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **1225**

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:  
807 So. 15th 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 Lifetime (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. 807 So. 15th Street,  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Josephine Veronica Schott

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Leo J. Schott

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased July (Month) 7 (Day) 1880 (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>6</u>	<u>18</u>	hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Frank Dubowsky

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

14. Maiden name Veronica Christe

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

16. (a) Informant Leo J. Schott

(b) Address 807 So. 15th St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof Dec. 28, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Harold J. Braun

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

19. (a) 12-28-42 (b) Rae Hagan  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25th  
year 1942 hour 7 minute 45 AM.

21. I hereby certify that I attended the deceased from July 1940 to Dec 24 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure

Due to malnutrition and avitaminosis at least 30 mos.

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

Other conditions chronic infectious arthritis for 25 yrs.

Major findings: none

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

Of autopsy none

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 Harold J. Braun (M. D. or other) \_\_\_\_\_  
Address St. Joseph, Mo. Date signed 12-26-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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.....

*Albert B. 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.**