. S. No. 2
0M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 23 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5881

State File No.

Registration District No. 22

Primary Registration District No. 1808

Registrar's No. 173

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:
2003 Mulberry St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 70 years

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. 2003 Mulberry St
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Elizabeth A. Ozenberger

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Abraham

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

7. Birth date of deceased January 2 1859
(Month) (Day) (Year)

8. AGE: Years 84 Months 1 Days 8 If less than one day hr. min.

9. Birthplace Bern Switzerland
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Jacob Weiss
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Agusta Swank
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Millie E. Meyer
(b) Address Clayton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Auburn Cem.

18. (a) Signature of funeral director Fleeman & Son Inc
(b) Address 1946 Colhoun St.

19. (a) 2-12-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10th year 1943 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from Dec 10-42, 19..., to Feb 10, 1943, 19..., that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cerebral Hemorrhage

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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? (Specify type of place)

While at work?

(e) Means of injury

23. Signature Nile McGraw M.D. (Coroner)
Address 7 7 Logan Bl Date signed 2/11/43

1233 (Licensed Embalmer's Statement on Reverse Side)

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 Robert L Naple

Licensed Embalmer No. 3308

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.