

FILED FEB 23 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 184

1. PLACE OF DEATH:

(a) County Buchanan,  
(b) City or town Saint Joseph,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
728 South 15th Street,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 63 yrs, 6 mos, 16 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan  
(c) City or town Saint Joseph,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 728 South 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 Bertha M. Papst,

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 Widowed,  
6. (b) Name of husband or wife John M. Papst, 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased July 27, 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 6 16 hr. min.

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

10. Usual occupation At Home,

11. Industry or business.....

12. Name August Zerbst,  
13. Birthplace Unknown, Germany,  
(City, town, or county) (State or foreign country)  
14. Maiden name.....  
15. Birthplace Unknown, Germany,  
(City, town, or county) (State or foreign country)

16. (a) Informant Leonard A. Papst  
(b) Address 726 So. 15th Street, St. Joseph  
17. (a) Burial (b) Date thereof 2/16/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery  
18. (a) Signature of funeral director B. H. ...  
(b) Address 319 So. 10th Street, St. Joseph

19. (a) 2-16-43 (b) Rose Stegoy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13th.  
year 1943 hour 5:00 minute a. M.

21. I hereby certify that I attended the deceased from Feb 1  
1943 to Feb 13 1943  
that I last saw h. alive on Feb 3 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis (Chronic)  
Due to Myocarditis (Chronic)  
Due to.....

Other conditions (include pregnancy within 3 months of death) 1318

Major findings:  
Of operations.....  
Of autopsy.....

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 W. H. ... (M.D. or other)  
Address ... Date signed 2-16-43

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

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MOTHER FATHER

Duration ?  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

*W. C. Clemons*

**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 2/13/43, Registered Apprentice No. ✓ working under my personal supervision.

Signed

*Harold Bowman*

Licensed Embalmer No. 3619

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.**