S. No. 2
M—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 APR 14 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9680

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 311

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: 3131 South 16th 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 78 years 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. 3131 South 16th St (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Honore Eliza Schleininger

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 widow

6. (b) Name of husband or wife

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

7. Birth date of deceased March 17th, 1864 (Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days 4 If less than one day hr. min.

9. Birthplace Elwood, Kansas (City, town, or county) (State or foreign country)

10. Usual occupation Housewife Valkenburg

11. Industry or business New York Home

FATHER
12. Name Peter Van Valkenburg unknown
13. Birthplace New York unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Peter Nolan

(b) Address 3131 South 16th St. St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-43 (Month) (Day) (Year)

(c) Place: burial or cremation Green Cemetery

18. (a) Signature of funeral director Tracy Barry Funeral Home

(b) Address 218 South 10th St, St. Joseph Mo.

19. (a) 3-16-43 (Date received local registrar) (b) Rose Hergog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13 year 1943 hour 10 minute 40 A.M.

21. I hereby certify that I attended the deceased from March 4, 1943 to March 13, 1943 that I last saw her alive on March 12, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Insufficiency	2
Due to Chronic myocarditis	
Due to Arteriosclerotic cardiovascular renal disease	
Other conditions Hypostatic pneumonia 1 wk. (Include pregnancy within 3 months of death) Deep ulcers in perineum	

Major findings:
Of operations none
Of autopsy none

93d

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 C. S. Grant M.D. (M. D. or other)

Address St. Joseph, Mo. Date signed 3-15-43

1233 (Licensed Embalmer's Statement on Reverse Side)

Dr Grant
232 Sandie

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 Lou Clark

Licensed Embalmer No. 4716

P. O. Address Savannah

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.