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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 8 1946
Registration District No. 42

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4624

Primary Registration District No. 1000

Registrar's No. 207

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:
1514 So. 11th. St.
(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. 1514 So. 11th. St. 7
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Agnes Gleitz
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February, day 16
year 1946 hour 11 minute 00 P. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John C.
6. (c) Age of husband or wife if alive * years
7. Birth date of deceased June 1 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 19 1945 to Feb. 16 1946;
that I last saw her alive on Feb. 16 1946;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
78 8 15 hr. min.

Immediate cause of death
Coronary Arteriosclerosis (Premort.) Duration 6 Mon.

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

Due to _____
Due to _____
Other conditions Abs of Cerebr. 2/16/46
(Include pregnancy within 3 months of death)

11. Industry or business None
12. Name Thomas Lawless
13. Birthplace Unknown Ireland 4
(City, town, or county) (State or foreign country)
14. Maiden name Hannah Quirk
15. Birthplace Unknown Ireland 4
(City, town, or county) (State or foreign country)

Major findings: Hb
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Henrietta Murray /
(b) Address 1514 So. 11th. St.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof Feb. 19, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery
18. (a) Signature of funeral director Hermon W. J. Dwyer
(b) Address 1802 Union St. St. Joseph, Mo.
19. (a) Feb 19, 1946 (b) J. J. Neathush
(Date received local registrar) (Registrar's signature)

(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 Frank W. Deagan (M. D. or other) 5
Address 620 Throckm Date signed 2/18/46

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(Licensed Embalmer's Statement on Reverse Side)

St. Joseph, Mo.

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 Elmer Thomas

Licensed Embalmer No. 2640

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.