

7. S. No. 2  
OM-8-43  
ev. 5-17-39  
I X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5509

State File No. \_\_\_\_\_

**FILED** MAR 8 1946  
149

Primary Registration District No. 1002

Registrar's No. 874

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
3108 Central St. 1  
(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 7  
(If outside city or town limits, write "RURAL")

(d) Street No. 2423 Messanie St. 1  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_ \*

3. (a) PRINT FULL NAME Lena Biller

3. (b) If veteran, name war None

3. (c) Social Security No. None

20. DATE OF DEATH: Month February day 20  
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 August Biller

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

7. Birth date of deceased January 1864  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 2 1946 to Feb 20 1946  
that I last saw her alive on Feb 20 and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 1 Days 14 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death \_\_\_\_\_  
Coronary B artery 3044  
Arterio sclerosis 147  
Senility

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

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

9. Birthplace Council Bluffs Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business None

12. Name John Zeltner 5

13. Birthplace Yunkum Switzerland  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Heing

15. Birthplace Yunkum Switzerland  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. F. G. Conway

(b) Address 3108 Central

17. (a) Removal (b) Date thereof Feb. 21, 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph, Mo.

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? \_\_\_\_\_

18. (c) Signature of funeral director Herward W. Diefenderfer

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

19. (a) 2-21-46 (b) Thereldine Holmes  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature J. G. Holden (M. D. \_\_\_\_\_)  
Address 821 \_\_\_\_\_ Date signed 2-21-46

861 (Licensed Embalmer's Statement on Reverse Side) KC 440

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

18  
23  
28

4498

MAY 11 1948

**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

*Herman W. Sidenfaden*

Licensed Embalmer No.

*2728*

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.**