No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 30 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8627

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 328

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: St. Joseph's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Weeks (Specify whether years, months or days)
In this community Lifetime

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. Pilcher Hotel (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country *

3. (a) PRINT FULL NAME Anton J. Vaeth
3. (b) If veteran, name war None
3. (c) Social Security No. 712-01-5316
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive * years
7. Birth date of deceased January (Month) 14 (Day) 1878 (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	2	3	hr. min.

9. Birthplace St. Joseph (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation Employee
11. Industry or business Union Pacific R. R.

FATHER
12. Name Anton J. Vaeth
13. Birthplace Baden (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Catherine Grieshaber
15. Birthplace St. Genevieve (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant Mrs. Mary A. Karl
(b) Address 805 So. 16th. St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 19, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery
18. (a) Signature of funeral director Herman Wm. Lidenfaden
(b) Address 1802 Union St. St. Joseph, Mo.
19. (a) Mar. 21, 1946 (Date received local registrar) (b) H. J. Nestlebush (Registrar's signature) By V.H.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17 year 1946 hour 2 minute 00 P.M.
21. I hereby certify that I attended the deceased from March 2, 1946 to March 17, 1946 that I last saw him alive on March 17, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerosis General	
Purpura Rheumatica	
Due to Avitaminosis	
Due to Cerebral Hemorrhage	3-17-46
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 S. E. Senor (M. D. or other) MD
Address St. Joseph, Mo. Date signed 3-18-46

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(Licensed Embalmer's Statement on Reverse Side)

APR 1 1945

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 J. Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph M

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.