

FILED MAY 28 1951

STANDARD CERTIFICATE OF DEATH

State File No. 15622

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 551

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	c. LENGTH OF STAY (in this place) 67 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	0117
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1623 S. 11th Street		d. STREET ADDRESS (If rural, give location) 1623 S. 11th Street 0	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Emelia	b. (Middle) Louise	c. (Last) Brieschke	May	16	1951

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH January 6, 1858	9. AGE (In years) 93	10. MONTHS	11. DAYS	12. HOURS	13. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Danzig, Germany.		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME William Fenske		13b. MOTHER'S MAIDEN NAME Christine Ritter		14. NAME OF HUSBAND OR WIFE Rudolph Brieschke	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Erich Brieschke		ADDRESS St. Joseph, Missouri.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocardial Insufficiency			INTERVAL BETWEEN ONSET AND DEATH Unknown	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Chronic Hypertension	4			
	DUE TO (c) Arteriosclerosis General	u			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 572		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov 20, 1947, to May 16, 1951, that I last saw the deceased alive on May 16, 1951, and that death occurred at 5:00P. m., from the causes and on the date stated above.

23a. SIGNATURE M. D. Kirkpatrick	(Degree or title)	23b. ADDRESS Kirkpatrick Bldg. St. Joseph, Mo.	23c. DATE SIGNED 5-17-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 18, 1951.	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.
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DATE REC'D BY LOCAL REG. May 23, 1951	REGISTRAR'S SIGNATURE Carl C. Casato	FUNERAL DIRECTOR'S SIGNATURE Halter Meierhoffer	ADDRESS St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

JUL 13 1952

JUL 1 1953

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*****

working under my personal supervision.

Student Embalmer No.....****

Signed.....

Raymond W. Merhe
Licensed Embalmer No. 4413 Missouri.

Signed.....****
Student Embalmer

P. O. Address St. Joseph, Missouri.

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.