

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

21563

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City (No. 2429, Park Ave)

File No. ....  
 Registered No. 2911  
 St. .... Ward

**2. FULL NAME**

Peter Schleifstein  
 (a) Residence, No. 2429 Park St., 11 Ward.  
 (Usual place of abode)

(if nonresident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. 11 da. How long in U.S., if of foreign birth? 50 yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Male

**4. COLOR OR RACE**

White

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Married

**5A. IF MARRIED, WIDOWED, OR DIVORCED**

HUSBAND OF Sarah Schleifstein  
 (OR) WIFE OF

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Aug 30, 1864

**7. AGE**

YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
62	10	23	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Furniture Dealer  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Russia

**10. NAME OF FATHER**

Morris Schleifstein

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Russia

**12. MAIDEN NAME OF MOTHER**

Baley Miss

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Russia

**14.**

INFORMANT Leo Schleifstein  
 (Address) 2700 Benton Blvd

**15.**

FILED July 24 1927 M. M. Brown  
 REGISTRAR Asst

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

7-23-1927

**17. I HEREBY CERTIFY**, That I attended deceased from 5-15, 1927, to 7-22, 1927, that I last saw him alive on 7-20, 1927, and that death occurred, on the date stated above, at 4:30 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Coronary atherosclerosis & thrombosis  
H10A  
H10B (duration) 2 yrs. 3 mos. 0 da.  
 CONTRIBUTORY (SECONDARY) Coronary (duration) 2 yrs. 3 mos. 0 da.

**18. WHERE WAS DISEASE CONTRACTED**

444 A  
 IF IN CITY PLACE OF BIRTH

**1. DID AN OPERATION PRECEDE DEATH?**

DATE OF 7-9-1927

WAS THERE AN AUTOPSY? no

**WHAT TEST CONFIRMED DIAGNOSIS**

(Signed) Walter Holbrook, M. D.  
7/24, 1927 (Address) 816 Pickens St. No.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

Shelfield

July 24 1927

**20. UNDERTAKER**

**ADDRESS**

J. P. Lewis

City

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

