

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

Do not use this space.

**1. PLACE OF DEATH**

County Ruchanan  
Township  
City St. Joseph, (No. 2615 Jule Street,)

Registration District No. 85  
Primary Registration District No. 1001

File No. 9591  
Registered No. 294  
St. \_\_\_\_\_ Ward)

**2. FULL NAME** Jacob Aaron Schloss

(a) Residence. No. 2615 Jule St., \_\_\_\_\_ Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. 9 mos. 18 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**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 (OR) WIFE OF Minnie Frank Schloss

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15, 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hr. or _____ min.
	<u>64</u>	<u>9</u>	<u>18</u>	

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Saint Joseph,  
(STATE OR COUNTRY) Missouri,

10. NAME OF FATHER Aaron Schloss,  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,  
(STATE OR COUNTRY) Germany,  
12. MAIDEN NAME OF MOTHER Helanie Strauss  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,  
(STATE OR COUNTRY) France,

14. INDEMNITY (Address) Mrs. J. A. Schloss  
2615 Jule Street.

15. FILED John G. [Signature] REGISTRAR

**20 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 3, 1929

17. I HEREBY CERTIFY, That I attended deceased from June 1928 to March 3, 1929  
that I last saw him alive on March 3, 1929, and that death occurred, on the date stated above, at 9:15 a.m.

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

Adeno Carcinoma of small intestine  
via (duration) yrs. 9 mos. ds.  
CONTRIBUTORY (SECONDARY) 45 (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 18/28  
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) Harold [Signature] M. D.  
3-4, 1929 (Address) 7207 Jones St

\*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 Adath Joseph Cemetery DATE OF BURIAL March 5, 1929

20. UNDERTAKER Heaton-Baylor-Bowman ADDRESS 319 S. 10 St.

by Dr. [Signature] Funeral Home

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.

23 1929

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