

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

Do not use this space.

16323

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 2119 E-35th)

399
Registration District No. _____
Primary Registration District No. 8002

File No. 2231
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 2119 E-35th St. 13 Ward.

(Usual place of abode)
Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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) Carrie R Stewart

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-18-1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 | 5 | 6

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Vice president
(b) General nature of industry, business, or establishment in which employed (or employer). Meinrath Business Co
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Madison
(STATE OR COUNTRY) Wisconsin

10. NAME OF FATHER Berwyn

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Vienna
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Theresia Mueller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Vienna
(STATE OR COUNTRY) _____

14. INFORMANT Mrs Carrie R Stewart
(Address) 2119 E-35th

15. FILED 5/26/1930 M. M. Cronin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May-24-1930

17. I HEREBY CERTIFY, That I attended deceased from Saw 14 1928, to May 24 1930, that I last saw him alive on May 24 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Amurysm of Aorta
96 (duration) 21 yrs. 5 mos. 5 ds.
CONTRIBUTORY Arterio-sclerosis (SECONDARY) (duration) 4 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 9100
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Usual Findings
(Signed) B. S. Sudebacher, M. D.
5/25 1930 (Address) 826 Ogden Bldg

*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 Newcomer's Vaults DATE OF BURIAL May 27 1930

20. UNDERTAKER Newcomer's Sons ADDRESS 18 C Mo.

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.

res - Bengian at apto Val 1878

~~11 dis Sunday at office~~

11 + 12 Monday at office only