

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

Do not use this space.

9890

**1. PLACE OF DEATH**

County Jackson Registration District No. 395  
Township Law Primary Registration District No. 3022  
City Kansas City, Mo (No. 3001 Benton Plaza)  
St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 1156  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Lawrence J. Stallenwerk  
(a) Residence. No. 3001 Benton Plaza St. Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
Eva Stallenwerk

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 21, 1881

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>50</u>	<u>1</u>	<u>19</u>	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Saleman 192  
(b) General nature of industry, business, or establishment in which employed (or employer). Light Co.  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Independence, Kansas  
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Stallenwerk</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	12. MAIDEN NAME OF MOTHER <u>not known</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>

14. INFORMANT Mrs. Eva Stallenwerk  
(Address) 3001 Benton Plaza

15. FILED 3/10, 1931 M. M. Cronin  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 10 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 5, 1931 to Mar 10, 1931 that I last saw him alive on Mar 9, 1931, and that death occurred, on the date stated above, at 2:15 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Endocarditis, Acute  
107A  
4104 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) bronchial pneumonia  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
107A  
IF NOT A PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? clinical  
(Signed) Chas. H. McPherson, M. D.

3/10, 1931 (Address) 1016 Chambers Bldg KC, Mo  
\*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 dot Washington Cemetery DATE OF BURIAL Mar 12 - 1931

20. UNDERTAKER John W. Wagner ADDRESS 2024 West Linwood

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.

WRITE IN FULL ON REVERSE SIDE OF THIS IS A PERMANENT RECORD

Mr. Chas. H. McMillan

1616 Chambers St.

No. 4741

12:00<sup>h</sup> 5:00