

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

Do not use this space.

9896

**1. PLACE OF DEATH**

County Jackson  
Township Haw  
City Kansas City (No. KC General Hosp)

Registration District No. 399  
Primary Registration District No. 1003

File No. 1 1500  
Registered No. \_\_\_\_\_  
Ward \_\_\_\_\_

**2. FULL NAME**

Walter Saustrop

(a) Residence, No. 1921 Prospect St. Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. 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 Ethel Saustrop

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1884

7. AGE YEARS 48 MONTHS 10 DAYS 12 (IF LESS than 1 day, hrs. or min.)

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago Illinois

13. NAME Louis Saustrop

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) The yrd. Clerk KC Gen. Hosp KC Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Apr 1, 1933

19. UNDERTAKER (ADDRESS) A. P. Doehler 1415 East 15

20. FILED Mar 31, 1933 W. M. Brown Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-30-33

22. I HEREBY CERTIFY, That I attended deceased from 3-7-33 to 3-20-33, 1933. I last saw him alive on 3-20-33, 1933. Death is said to have occurred on the date stated above, at his home.

The principal cause of death and related causes of importance were as follows:

Multiple Sclerosis  
Date of onset \_\_\_\_\_  
8713 8713

Other contributory causes of importance: \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1933

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) J. J. James, M. D.  
(Address) KC Gen Hosp

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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