

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

Do not use this space.

33034

**1. PLACE OF DEATH**

County Johnson  
Township Law  
City Kansas City (No. Memorial Hosp.)

Registration District No. 389  
Primary Registration District No. 1001

File No. 3967  
Registered No. 3967  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Los Angeles St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred - yrs. - mos. 21 ds. How long in U. S., if of foreign birth? 33 yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Fe</u>	4. COLOR OR RACE <u>Wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Nathan Kalech</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 19, 1872</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>0</u>
	DAYS <u>26</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>	
	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) <u>Russia</u>		
FATHER	13. NAME <u>Not known</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>	
MOTHER	15. MAIDEN NAME <u>Not known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>	
17. INFORMANT <u>Phillip Kalech</u> (ADDRESS) <u>Los Angeles Calif.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE OF <u>Los Angeles Calif. 10-8-33</u>		
19. UNDERTAKER (ADDRESS) <u>J. D. Lewis 1100</u>		
20. FILED <u>10/8</u> <u>33</u> M. M. Corowe Registrar.		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-6- 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1933, to Oct 6, 1933  
I last saw him alive on Oct 6, 1933. Death is said to have occurred on the date stated above, at 7:45 P.M.  
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis	Date of onset <u>9-18-33</u>
<u>59</u>	
<u>34B</u>	
<u>132</u>	
Other contributory causes of importance: <u>Hypertension with</u> <u>kidney miltary</u>	<u>1 yr</u> <u>1 yr</u>

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
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? No  
If so, specify \_\_\_\_\_  
(Signed) A. Morris Guntberg, M. D.  
(Address) 724 Argyle Bldg

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.

NOV 10 1933

