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.

JAN 26 1934

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

Do not use this space.

39952

1. PLACE OF DEATH

County Jackson — Registration District No. 309

Township Kaw — Primary Registration District No. 1008 — File No.

City Kansas City (No. 400 East Armour St. Ward) — Registered No. 4735

2. FULL NAME Clara Oppenheimer

(a) Residence, No. 400 East Armour St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hugo Oppenheimer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 4, 1868

7. AGE: 65 YEARS — MONTHS: 10 — DAYS: 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 95

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 94

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation 90

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER

13. NAME Charles Stiefel

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

MOTHER

15. MAIDEN NAME Pelostine Altschol

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

17. INFORMANT (ADDRESS) Mrs S. Hersch 400 East Armour

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elm Cremation DATE 4 Dec 19

19. UNDERTAKER (ADDRESS) Wagner Funeral Home 204 W. Linwood

20. FILED 12/2 1933 M. M. Crowe Asst Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2 33, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1933, to Dec. 2, 1933

I last saw her alive on Dec. 2, 1933. Death is said to have occurred on the date stated above, at 2:30P m.

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

	Date of onset
Rupture of heart	
Br hematopericardium	

Other contributory causes of importance:
coronary sclerosis with occlusion

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) J. J. Wolf, M. D.

(Address) 620 Argyle Bldg

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