

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.

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

Do not use this space.

FEB 20 1936

1315

1. PLACE OF DEATH

County Jackson Registration District No. 2
Township Kaw Primary Registration District No. 1
City Kansas City, Mo. (No. 4628 E, 7th St.) St. _____ Ward _____

File No. 168
Registered No. _____
St. _____ Ward _____

2. FULL NAME Frederick Brestel

(a) Residence, No. 4628 E 7th St. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Barbara Brestel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 25, 1853

7. AGE YEARS 82 MONTHS 4 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stonemason
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) Russia

13. NAME Geo. Brestel

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

15. MAIDEN NAME Elizabeth Elsanser

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

17. INFORMANT (ADDRESS) Mrs. Mary Comstock
4628 E 7th St. K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bonner Springs, Ks. DATE _____ 19____

19. UNDERTAKER (ADDRESS) C.H. Blackman & Son, Inc.
2825 Indep. Blvd. K.C. Mo.

20. FILED Jan 11, 1936 M. M. Crow, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 10-36 19____

22. I HEREBY CERTIFY That I attended deceased from July _____, 1934, to Jan 10 - 1936, 19____
Last saw him alive on Jan 10, 1936, 19____ Death is said to have occurred on the date stated above, at 9:40 AM m.

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

Acute Myocarditis Date of onset _____

Other contributory causes of importance: Chorea

Name of operation _____ Date of _____
What test confirmed diagnosis? Chloroform Was there an autopsy? _____

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? _____
If so, specify _____ (Signed) D. W. Martin, M. D.
(Address) 6800 W. Walnut Rd.

10/1/73

10/1/73

10/1/73

10/1/73