

MAR 16 1936

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

Do not use this space

6357

1. PLACE OF DEATH

County JacksonTownship WashingtonCity Kansas City, Mo.Registration District No. 404Primary Registration District No. 5558(No. 1853 East 77th Street)

File No.

Registered No. 21

St. Ward)

2. FULL NAME Mrs. Julia A. Meminger(a) Residence, No. 1853 East 77th St. St. Ward.

(Usual place of abode)

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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

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

Alem Meminger6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 11, 1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

70110

OCCUPATION

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

At Home

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)

Sedalia Missouri

MOTHER FATHER

13. NAME Leonard Nancy

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

Switzerland15. MAIDEN NAME Celestia De Mille

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

France17. INFORMANT (ADDRESS) Mr. Mary Bulter 1853 E. 77th St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Louis, Mo. DATE Feb. 23, 193619. UNDERTAKER (ADDRESS) R. V. Lindsey & Sons 3811 Broadway20. FILED Feb. 23, 1936 Fred R. Lindsey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21, 1936I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1936 to Feb. 20, 1936I last saw him alive on Feb. 20, 1936 Death is said to have occurred on the date stated above, at 1 AM m.

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

Bilateral Pyonephrosis Date of onset

Other contributory causes of importance:

Name of operation None Date ofWhat test confirmed diagnosis? Cystoscopy 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, 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) Raymond Jones M. D.(Address) 400 Maple St. Sedalia

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.

On the ...
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2 to 4