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.

JUN 17 1936

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

Do not use this space.

19476

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 2432

City Kansas City (No. 4117 Chestnut St. Ward)

2. FULL NAME Louis Gerschow

(a) Residence, No. 4117 Chestnut St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 43 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: Frances Gerschow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May-3-1851

7. AGE: YEARS 85 — MONTHS 0 — DAYS 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Glue Dept Amour + Co

10. Date deceased last worked at this occupation (month and year): 1921

11. Total time (years) spent in this occupation: 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Berlin Germany

FATHER

13. NAME: Unknown

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

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): Mrs Frances Gerschow 4117 Chestnut

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial PK DATE May 15, 1936

19. UNDERTAKER (ADDRESS): W. W. Newcomers Sons Kansas City-Mo.

20. FILED May 14, 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May-13, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw him alive on May 13, 1936 Death is said to have occurred on the date stated above, at 8 P.m.

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

Complete Cardiac & Renal failure.

Mitral Regurgitation

Date of onset: 131

Other contributory causes of importance:

Acute Glomerula nephritis acute flareup from a chronic Glomerular Neph

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab 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? No

If so, specify .....

(Signed) Arthur B. Boyer D.O.

(Address) 1102 - E. 47 -

MOM-1-20-36 I X7044

Dr Arthur B Boyer
216 Troost Center Bldg
12

SEP 25 1948