

MAR 13 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 6515
Township Kaw Primary Registration District No. 1002 Registered No. _____
City K. C. Mo. (No. 716 , Kensington St. _____ Ward _____)

2. FULL NAME Oswald K. Lux

(a) Residence, No. 716 Kensington 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 Male 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 5, 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 4 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret'r Cabinet
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Maker
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) Leobschitz
Germany

13. NAME Paul Lux

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Mary Krutsch
(ADDRESS) 716 Kensington

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. St. Mary's DATE Feb. 19, 1937

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

20. FILED 718 1937 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1936, to Feb 15, 1937
I last saw him alive on Feb 15, 1937 Death is said

to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Chr. Valvular Heart Disease
Chr. Pericarditis & Myocarditis
Uremic Coma

Date of onset Jan 1937

Other contributory causes of importance:

Hypertension
Alb. Chronic
Shunt

Name of operation _____ Date of _____
What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? L Date of injury L, 1937

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) Ralph Perry, M. D.
(Address) 4800 E. 25th

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.

