

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

Do not use this space.

MAR 13 1937

6518

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 3711 1/2 Summit) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Esther Stein

(a) Residence, No. 3711 1/2 Summit St. Ward _____ (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? 8 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Fe 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-17-1937

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

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1936, to Feb 17, 1937

last saw alive on _____, 19____. Death is said to have occurred on the date stated above, at 3:15 m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not known

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____hrs. or _____min.
66 - - -

Carcinoma caecum Date of onset 7.1.36

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

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Other contributory causes of importance:
Carcinoma caecum

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

13. NAME Louis Geiderman

Name of operation no Date of no
What test confirmed diagnosis Physician Was there an autopsy? no

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 19____

15. MAIDEN NAME Leah Wink

Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

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

17. INFORMANT Ben Stein
(ADDRESS) 3711 1/2 Summit

Manner of injury no
Nature of injury no

18. BURIAL, CREMATION, OR REMOVAL

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

PLACE Sheffield DATE 2-18-1937

19. UNDERTAKER J. P. Lewis Funeral Home
(ADDRESS) 214

(Signed) J. F. Mackey, M. D.
(Address) Kansas City, Mo

20. FILED 2/18 1937 M. M. Brown
Registrar.

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.

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