

APR 8 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Jackson  
Township Kansas  
City Kansas City (No. 820 Penn Street)

Registration District No. 399Primary Registration District No. 1002

File No. 9596  
Registered No. 9596  
St. ... Ward ...

2. FULL NAME Fred Symbruster M.D.

(a) Residence, No. 820 Penn St., ... Ward. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4 - 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
66 11 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician  
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) Marshalltown Iowa13. NAME Louis Symbruster14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Margaret Becker16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Mrs. Catherine J. Crocker (ADDRESS) Glendale California18. BURIAL, CREMATION, OR REMOVAL PLACE Marshalltown Iowa DATE March 19 193719. UNDERTAKER John J. Sheehan (ADDRESS) Kansas City Missouri20. FILED Mar 16, 1937 M. M. Crocker Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16<sup>th</sup> 193722. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1937, to Mar 16, 1937.I last saw him alive on Mar 16, 1937. Death is said to have occurred on the date stated above, at 5:00 a.m.

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

(chronic)  
parenchymatous nephritis Date of onset 2 yrs.  
multiple fistulae of rectum 5 mo.  
secondary anemia 1 yr.

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis? Clinical 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) Harry E. Schoen M.D.  
(Address) 243 W. 13th St.  
Kansas City, Mo.

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.

