

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Registration District No. 399

Township Kaw

Primary Registration District No. 1002

City Kansas City

(No. 431 S. Montgall)

File No. 9624

Registered No. 1002

St. Ward

2. FULL NAME Lorenz Dillenschneider

(a) Residence, No. 431 S. Montgall St. Ward

(Usual place of abode)

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

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

22. I HEREBY CERTIFY That I attended deceased from at CT 1936 to MAR 17, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12, 1869

I last saw h. l. m. alive on MARCH 9, 1937 Death is said to have occurred on the date stated above, at 7:20 A.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 67 10 5

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

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

MITRAL STENOSIS
CHRONIC MYOCARDIOSIS
CHRONIC NEPHRITIS (CYCLIC)

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

Other contributory causes of importance: 131

12. BIRTHPLACE (CITY OR TOWN) Alsace Lorraine (STATE OR COUNTRY) France

13. NAME Lutz Dillenschneider

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Marie C. Dillenschneider (ADDRESS) 431 S. Montgall

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE March 18, 1937

19. UNDERTAKER D. W. Newcomer's Sons (ADDRESS)

20. FILED March 18, 1937 M. M. Brown Registrar.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? 0

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?
If so, specify

(Signed) A. C. Zinsmeister, M. D.
(Address) 1107 Bryan Alley

~~6944 Prospect~~ 1107 Bryant Bldg.

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