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 — File No. 9704

Township Kaw — Primary Registration District No. 1002 — Registered No. 142

City Kansas City (No. St. Marys Hospital St. Ward)

2. FULL NAME Matt Stimpfel

(a) Residence, No. 1210 W. 20 St. Terr St., Ward. (If nonresident, give city or town and State)
(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.

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 Mrs. Mary Stimpfel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12, 1868

7. AGE: YEARS 69 — MONTHS 10 — DAYS 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Swift and Co

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) Germany

FATHER

13. NAME George Stimpfel

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

MOTHER

15. MAIDEN NAME Ursula Miorley

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

17. INFORMANT (ADDRESS) Louis Stimpfel 1210 W. 20th St. Terr.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 3-22-37, 19

19. UNDERTAKER (ADDRESS) QUIRK & TOBIN CO. 20 W. Linwood

20. FILED Mch 23, 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1937, to Mar 20, 1937

I last saw him alive on Mar 20, 1937 Death is said to have occurred on the date stated above, at 10 P m.

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

	Date of onset
Coronary occlusion	
Cardiac decompensation	
Berger's Disease	1933

95B2

Other contributory causes of importance:

Gangrene of rt foot — Jan-37
Caused by
Endarteritis Obliterans

Name of operation amputation Date of Mar. 18-37

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) DF Hogan, M. D.

(Address) 415 Argyle Bldg.

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.