MAY 15 1937

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

Do not use this space.

15449

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No.

Township Kaw Primary Registration District No. 100 Registered No. 1235

City Kansas City (No. 4212 Benton Blvd St. Ward)

2. FULL NAME Rebecca Wienschienk

(a) Residence, No. 4212 Benton 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? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

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 Chas. Wienschienk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE: Years 49; Months; Days; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) Russia

FATHER

13. NAME Samuel ****

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

MOTHER

15. MAIDEN NAME Rachael Sheffel

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

17. INFORMANT Chas Wienschank
(ADDRESS) 4212 Benton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Carmel DATE 4/28/37, 19

19. UNDERTAKER J.P.Louis Funeral Home
(ADDRESS) 3400 Woodland Ave K.C.Mo.

20. FILED 4-27, 1937 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/27/37, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 23, 1937, to Apr-27, 1937
I last saw her alive on Apr 27, 1937. Death is said to have occurred on the date stated above, at 10:50 m. A.M.
The principal cause of death and related causes of importance were as follows:

Lobar pneumonia (Right Lower) Date of onset Apr 23/37

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) Carl H. Drury, M. D.
(Address) Power & Light Bldg. K.C. 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.