

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

Do not use this space.

AUG 11 1937

26414

1. PLACE OF DEATH

County Jackson
Township Raw
City Kansas City (No. 7845 Main)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 2200
St. _____ Ward) _____

2. FULL NAME

Carl August Eelfeldt

(a) Residence, No. 7845 Main St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED: HUSBAND OF (OR) WIFE OF Minnie Carrie Eelfeldt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-19-1874

7. AGE YEARS 62 MONTHS 9 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet maker
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) Pritzwalk Germany

FATHER 13. NAME _____
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no Record

MOTHER 15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) W. G. Pressler 116 E. 79th Terr.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE 7-27-37

19. UNDERTAKER (ADDRESS) Bentley Mortuary 5811 Broadway

20. FILED July 26 1937 M. M. Croome Registrar.

MEDICAL CERTIFICATE OF DEATH 10-2092

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25 1937

22. I HEREBY CERTIFY, That I attended deceased from July 20 1937 to July 25 1937.
I first saw him alive on July 20 1937. Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

Myocardial infarction with spinal complete occlusion of coronary artery (atherosclerosis)
Other contributory causes of importance: None
Toxic Myocarditis 7/20/37

Name of operation _____ Date of _____
What test confirmed diagnosis? X-ray 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) J. B. White, M. D.
(Address) K. G. 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.

Dr. Life Well to - Am. Ent. Soc.
Argyle Bldg. No. 1105