

APR 23 1938

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

9660
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002
(c) City Kansas City, Mo. (d) Street No. 901 Cambridge St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Gustave Schaiblin 145
(a) Residence, No. 901 Cambridge St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Clara Alwina Schaiblin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 0 27

8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc. Gardner
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Mar. 7-38
11. Total time (years) spent in this occupation

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

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Dr. Herman Shablin
(ADDRESS) 4432 St John K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cremation DATE Mar. 12-38

19. FUNERAL DIRECTOR C. H. Blackman & Son, Inc.
(ADDRESS) 2825 Indep Blvd. K.C. Mo.

20. FILED Mar 12 1938 M. M. Brown
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 11-38, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1938, to March 11, 1938
I last saw him alive on March 10, 1938. Death is said to have occurred on the date stated above, at 11:25 m. AM
The principal cause of death and related causes of importance were as follows:

Acute nephritis
in m. o.
97
Other contributory causes of importance:
general arterial sclerosis
terminal uremia

Name of operation none Date of clinical
What test confirmed diagnosis? clinical 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?
If so, specify _____
(Signed) Herman Shablin, M. D.
(Address) 4432 St John

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.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)