

REC'D MAY 9 1938

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

13556

Do not use this space.

1536

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 1536
 (c) City K. C. Mo. (d) Street No. Menorah Hospital 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 Mrs. Bertha Kreisel Schultz 432
 (a) Residence, No. 2804 Summit 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gustav Schultz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27, 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 1 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 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)
 11. Total time (years) spent in this occupation

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

FATHER 13. NAME No Record

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

MOTHER 15. MAIDEN NAME No Record

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

17. INFORMANT Max E. Kreisel
 (ADDRESS) 7155 Sni-a-Bar Road

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Forest Hill DATE Apr. 11, 1938

19. FUNERAL DIRECTOR Wagner Funeral Home
 (ADDRESS) 204 W. Linwood

20. FILED Apr 9 1938 M. M. Brown
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1938, to April 8, 1938

I last saw her alive on April 8, 1938 Death is said to have occurred on the date stated above, at 3:55 m. pm

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

Cardiac Decompensation 3 mo
920

Other contributory causes of importance:

Aortic Sclerosis
Myocarditis
Arteriosclerosis } 1 year

Name of operation no Date of

What test confirmed diagnosis? 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 Earl Burkhardt, M. D.

(Address) 3346 Summit
K. C. Mo.

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.)