

REC'D JUL 12 1938

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

21093

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 2543
 (c) City Kansas City (d) Street No. 5845 Grand Ave St. Mo.
 (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

Leah Fannie Segelbohm 241
 (a) Residence, No. 5845 Grand Ave 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 Fe 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 Harris Segelbohm

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 1 8

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) Russia 7FATHER 13. NAME Abraham Press 914. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia 9MOTHER 15. MAIDEN NAME Not Known16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known17. INFORMANT (ADDRESS) Samuel F. Segelbohm
5845 Grand Ave18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood Cem DATE 6-24-3819. FUNERAL DIRECTOR (ADDRESS) J. Phovis Funeral Home
3400 Woodland20. FILED June 24, 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-23-193822. I HEREBY CERTIFY That I attended deceased from April 18, 1938, to June 23, 1938.I last saw him alive on June 23, 1938. Death is said to have occurred on the date stated above, at 8:10 A.M.

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

Cerebral HaemorrhageDate of onset
April 18

Other contributory causes of importance:

Myocarditis acuta 926

Name of operation _____ Date of _____

What test confirmed diagnosis? Symptoms Was there an autopsy? _____

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, specify No(Signed) Charles Kopyman, M. D.(Address) 306 Fifth St. W.

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.)