

AUG 8 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jackson County  
Township  
City Kansas City (No. 331 Highland Ave)

Registration District No. 399  
Primary Registration District No. 1002

File No. 24191  
Registered No. 2696  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

George Schlaegel  
(a) Residence, No. 5331 Highland Ave Ward 4  
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? 15 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Francisca Schlot

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) York 1861

7. AGE YEARS 77 MONTHS Unknown DAYS Unknown If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
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) Hongary

13. NAME Charles Schlaegel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no Record

MOTHER 15. MAIDEN NAME Mary

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no Record

17. INFORMANT Sister Camille (ADDRESS) 5331 Highland Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary DATE July 5 1938

19. UNDERTAKER Trunk + Tolin Co. (ADDRESS) Kansas City Mo

20. FILED 7-5 1938 M. M. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 4 1938, to July 4 1938  
I last saw him alive on July 3 1938 Death is said to have occurred on the date stated above, 4 a. m.

The principal cause of death and related causes of importance were as follows:  
Chronic Nephritis  
3 months | 31  
Date of onset

Other contributory causes of importance:  
Arterio sclerosis  
several years  
Name of operation clinical observation Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Paul W. Bourke M. D.  
(Address) 1402 Bryant Bldg

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.

