

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

38271  
Do not use this space.

REC'D DEC 14 1938

1. PLACE OF DEATH

(a) County Jackson | Registration District No. 399  
 (b) Township Kaw | Primary Registration District No. 1002 Registered No. 4505  
 (c) City Kansas City (d) Street No. St. Joseph 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 365 Mrs. Kate Strein

(a) Residence, No. 46 East 38th St. 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF August Strein

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 5, 1848

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	90	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. At home  
 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) Missouri

FATHER

13. NAME Abraham EleMBERGER  
 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 (ADDRESS) Mrs. R. E. Thomas 2915 E. 33rd St., Kansas City, Mo.

18. BURIAL, CREMATION, OR DISPOSAL Central Memorial Park Cem.  
 PLACE Kansas City, Missouri Nov. 19 1938

19. FUNERAL DIRECTOR (NAME) Stine & McClure  
 (ADDRESS) 3235 Gillham Plaza, Kansas City,

20. FILED Nov. 18, 1938 M. M. Brown  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1938, to Nov. 17, 1938  
 I last saw him alive on Nov. 17, 1938 Death is said to have occurred on the date stated above, at ..... P. 9:20  
 The principal cause of death and related causes of importance were as follows:  
Fracture of neck of L. Femur  
Bilat. Broncho-Pneumonia  
1860  
 Other contributory causes of importance:  
Cerebral Arteriosclerosis  
Sclerosis

Name of operation none Date of .....  
 What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? accident Date of injury 11/13, 1938  
 Where did injury occur? Home - stairs  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Fell on stairs  
 Nature of injury Fract. Left Femur

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify .....  
 LIO (Signed) J. A. Raymond, M.D.  
 (Address) 1007 Argyle 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. WRITE FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 X14028

*Angela Beatty  
No 5037*

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**