

60 JAN 13 1938

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

41823
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township or City Kansas City Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 2309 - E - 38 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 Frederick Dillenberger
 (a) Residence, No. 2309 - E - 38 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 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 Sarah K. Dillenberger
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 4 - 1878
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
60 11 10
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Letter Carrier
 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) Providence Rhode Island
 13. NAME Gustave Dillenberger
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) R.I.
 15. MAIDEN NAME Catherine Wink
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ger.
 17. INFORMANT (ADDRESS) Sarah K. Dillenberger 2309 - E - 38 st
 18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Dec - 16 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. C. R. Foster 918 Brooklyn N.C. Mo
 20. FILED Dec 15 38 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14 1938
 22. I HEREBY CERTIFY, That I attended deceased from Dec 12 1938, to Dec 14 1938
 I last saw him alive on Dec 14 1938 Death is said to have occurred on the date stated above, at 3:20 a.m.
 The principal cause of death and related causes of importance were as follows:
Coronary occlusion Date of onset 12/12/38
g.H.B.
 Other contributory causes of importance: Arteriosclerosis
 Name of operation none 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? no
 If so, specify _____
 (Signed) Dr. R. O. Brainerd
 (Address) 714 Chambers St

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

714 ~~OH~~ ~~Chilwaukee~~

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.