

REC'D JAN 13 1939

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

41940  
Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON Registration District No. 399  
(b) Township KAN Primary Registration District No. 1002  
(c) City KANSAS CITY (d) Street No. 5331 HIGHLAND 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 36 yrs. 1 mo. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

236 SISTER ESTHER DE SAINTE MARIE 530  
(a) Residence, No. 5331 HIGHLAND 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) SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19, 1853

7. AGE YEARS 85 MONTHS 1 DAYS 4 If LESS than 1 day, .....hrs. or .....min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RELIGIOUS  
9. Industry or business in which work was done, as saw mill, bank, etc. 6 months  
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) LORRAINE, FRANCE

FATHER 13. NAME PIERRE SIMON

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

MOTHER 15. MAIDEN NAME MADELEINE WIERTZ

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

17. INFORMANT (ADDRESS) SISTER CAMILLE 5331 HIGHLAND

18. BURIAL, CREMATION, OR REMOVAL PLACE ST. MARY'S CEM. DATE DEC 26 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) QUIRK AND TOBIN CO. KANSAS CITY, MO

20. FILED Dec 24 1938 M. M. Crowe Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 23 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1929, to Dec 23, 1938  
I last saw her alive on Dec 22, 1938 Death is said to have occurred on the date stated above, at 11 P.M.  
The principal cause of death and related causes of importance were as follows:

Cardiac asthma  
6 months  
Chronic myocardosis  
6 yrs.  
Other contributory causes of importance: 42C

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Obituary 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 J. O'Rourke, M. D.  
(Address) 1402 Bryant Bldg

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.

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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.**