

RECD FEB 20 1939

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

1214
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Raw Primary Registration District No. 1002 Registered No. 227
 (c) City Kansas City Mo. (d) Street No. Children's Mercy 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Eileen Schwindt

(a) Residence, No. _____ St. Gridley, Kans.
 (Usual place of abode, if no street address, write county or city) (If nonresident give city or town and State)

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) July 23 - 1933

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
5 5 24

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

FATHER
 13. NAME John Schwindt
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rosenfeld Russia

MOTHER
 15. MAIDEN NAME Barbara Vogler
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rosenfeld Russia

17. INFORMANT Father - John Schwindt
 (ADDRESS) Gridley, Kansas

18. BURIAL, CREATION, OR REMOVAL PLACE Gridley, Kansas DATE Jan 18 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. Cronin + Stone
Washington, Kans.

20. FILED Jan 18, 1939 M. M. Browne
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 6, 1939, to January 17, 1939
 I last saw her alive on January 17, 1939. Death is said to have occurred on the date stated above, at 7:15 P.M.
 The principal cause of death and related causes of importance were as follows:
Bronchopneumonia
Septicemia
Streptococci
Strep. Toxicus Rare Throat
Acute Infectious Mononucleosis
Acute Infectious Mononucleosis
General Congestion
General Congestion

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) W. B. Shoberg M. D.
 (Address) 1316 Broadway, Wash.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.