

No. 2  
4-13-40  
1-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40793

State File No. \_\_\_\_\_

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4468

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2305 Askew Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution -  
In this community 40 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1115 East 11th Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? - years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30th  
year 1941 hour 10 minute 45 A. M.  
21. I hereby certify that I attended the deceased from Sept. -  
1941, to Nov. 30, 1941;  
that I last saw him alive on Nov. 30, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Coronary occlusion  
Due to General debility and recent gastric lesion  
Due to intestinal upset  
Other conditions (Include pregnancy within 3 months of death) grip

Duration

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature Esteyatt (M. D. or other) M.D.  
Address 3850 Prospect Date signed Dec 1-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3. (a) PRINT FULL NAME Mr. Louis H. Wahlfeld

3. (b) If veteran, name war - 3. (c) Social Security No. NO

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased August 24 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 3 6 hr. min.

9. Birthplace Havana Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation City Employee

11. Industry or business City Paymaster's Office

12. Name Richard Wahlfeld

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Wehmhoff

15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant R. C. Stahlfeld

(b) Address 222 N. Franklin St. Union Mo

17. (a) Removal (b) Date thereof Dec. 2, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Havana, Illinois

18. (a) Signature of funeral director W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) Dec 2, 1941 (b) M M Crave  
(Date received local registrar) (Registrar's signature)

3830 Progress Avenue  
S.L.

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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 *A. C. Newcomer Jr*  
Licensed Embalmer No. 4043  
P. O. Address *A. C. Mo*

**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, fact should be so stated above.**