

BUREAU OF THE CENSUS  
FILED FEB 14 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 458

1. PLACE OF DEATH:  
 (a) County Jackson  
 (b) City or town Kansas City Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
3720 Jefferson St.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)  
 In this community 36 Years

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City Mo.  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3720 Jefferson St.  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country PI

3. (a) PRINT FULL NAME Mrs. Frances STEINMETZ.  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month January day 28th  
 year 1945 hour 11 minute 40 P.M.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Martin  
 6. (c) Age of husband or wife if alive 78 years  
 7. Birth date of deceased April 6th 1870  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 1  
1944 to 1/28, 1945  
 that I last saw her alive on 1/28, 1945  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
74 9 22 hr. \_\_\_\_\_ min.

Immediate cause of death Cerebral hemorrhage Duration 3 Days  
 Due to Arterio Sclerosis 2 yrs

9. Birthplace Germany  
(City, town, or county) (State or foreign country)  
 10. Usual occupation House Wife

Other conditions 830  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_  
 12. Name Harry Heim  
 13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
 14. Maiden name Veronica Uttenhelter  
 15. Birthplace Germany  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mr. Martin Steinmetz  
 (b) Address 3720 Jefferson  
 17. (a) Burial (b) Date thereof 1/31/45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Calvary Cemetery.  
 18. (a) Signature of funeral director Melody-McGilley  
 (b) Address K. C. Mo.  
 19. (a) 1-29-45 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

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 N. E. Brown (M. D. or other) \_\_\_\_\_  
 Address 900 Rialto Bldg Date signed 1/29/45

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

MOTHER FATHER

Dr. Prentiss.  
Rialto Bldg.  
906 Grand Ave.

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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, fact should be so stated above.**