

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36671

22918

FILED AUG 4 1945

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. **3169**

Registration District No. 149

Primary Registration District No. 1002

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

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:
5305 Virginia /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 5 Months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MRS. IDA FIERKE
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex Fe / 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Fred Fierke
 6. (c) Age of husband or wife if alive XX years
 7. Birth date of deceased May 29, 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>1</u>	<u>29</u>	hr. min.

9. Birthplace Elgin, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER, FATHER {
 12. Name Louis Schrader
 13. Birthplace Germany /
(City, town, or county) (State or foreign country)
 14. Maiden name Louise Schroeder
 15. Birthplace Germany /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. W. Theobald
 (b) Address 5305 Virginia

17. (a) Removal 7-29-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Elgin, Ill.

18. (a) Signature of funeral director John W. Wagner
 (b) Address Kansas City, Missouri

19. (a) 7-28-45 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Illinois (b) County Kane /
 (c) City or town Elgin /
(If outside city or town limits, write "RURAL")
 (d) Street No. 34 Jefferson Ave. /
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28th
 year 1945 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 23
1945 to July 28, 1945;
 that I last saw her alive on July 25, 1945;
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac dilatation

Due to Chronic myocarditis with decompensation

Due to _____
 Other conditions Apoplexy (left)
(Include pregnancy within 6 months of death)

Major findings: Of operations 93 d
 Of autopsy _____

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) (c) Means of injury
 Signature [Signature] (M. D. or other) _____
 Address Elgin, Ill. Date signed 7/28/45

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

Case B. Schuty M. B.
Plaza Road B.F. No. 3600
St. Luke's Hospital

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..... *Cecil P. Matthes*

Licensed Embalmer No. *3807*

P.O. Address *Kansas City, 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.