

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13200

FILED MAY 6 1946
149
Registration District No.

Primary Registration District No. 1002

State File No. 1848
Registrar's No.

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:
3930 TROOST AVENUE /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 28 YEARS (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON HS
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3930 TROOST AVENUE 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MR. HERMAN JUELICH
3. (b) If veteran, name war WORLD WAR I
3. (c) Social Security No. 490-05-7119

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month APRIL day 20 TH
year 1946 hour 2 minute 05 P.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred _____ on the date and hour stated above.

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced DIVORCED
6. (b) Name of husband or wife MRS. OPAL IRENE JUELICH
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased JULY 11 1886
(Month) (Day) (Year)

Immediate cause of death Deputy Coroner
Acute Pulmonary Congestion
Due to Coronary Atherosclerosis
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 7/12
Of operations _____
Of autopsy See Above

8. AGE: Years Months Days If less than one day
59 9 9 hr. min.

9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation PLUMBER

11. Industry or business C. L. BAUER

12. Name UNKNOWN JUELICH

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

14. Maiden name UNKNOWN

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

16. (a) Informant Mrs. Mary Jane Davis

(b) Address 123 9th Street

17. (a) Burial (b) Date thereof APRIL 23 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAH CEMETERY

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

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 4-21-46 (b) Geraldine Holmes
(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)
(2) Means of injury _____
23. Signature A. E. Oscher (M. D.)
Address 2809 Main Date 4/21/46

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

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
12108

MAY 16 1943

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 Emile M. Calhoun
Licensed Embalmer No. 3506
P. O. Address KC 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.