

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 31 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40829**
Registrar's No. **5341**

Registration District No. **149** Primary Registration District No. **1002**

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: **K.C. General Hosp. No. 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 days**
(Specify whether
In this community **5 days**
years, months or days)

3. (a) PRINT FULL NAME **Schreiber infant**

3. (b) If veteran, name war **do** 3. (c) Social Security No. **do**

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 **Dec. 5, 1946**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 5 hr. min.

9. Birthplace **St. C. Mo.** (City, town, or county) **Mo.** (State or foreign country)

10. Usual occupation **infant**

11. Industry or business

MOTHER FATHER
12. Name **William C. Schreiber**
13. Birthplace **St. C. Mo.** (City, town, or county) (State or foreign country)
14. Maiden name **Esther Werner**
15. Birthplace **Troy Kansas** (City, town, or county) (State or foreign country)

16. (a) Informant **William C. Schreiber**

(b) Address **4119 Chestnut St. C. Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **12-21-46** (Month) (Day) (Year)

(c) Place: burial or cremation **St. Louis, Mo.**

18. (a) Signature of funeral director **Schlegelmeyer**

(b) Address **1900 Central Ave. St. Louis**

19. (a) **12-20-46** (Date received local registrar) (b) **Alfredine Holmes** (Registrar's signature)

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. **4119 Chestnut**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **20th**
year **1946** hour **7** minute **40 A.M.**

21. I hereby certify that I attended the deceased from **12-15-46** 19. to **12-20-46** 19. ;
that I last saw him alive on **12-20-46** 19. ;
and that death occurred on the date and hour stated above.

Immediate cause of death **Prematurity - Pseudo-pneumonia**
Due to _____
Due to _____

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

Major findings: Of operations **159**
Of autopsy **yes**

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 **W. W. Hart** (M, D, or other) **Med. Dir. K.C. Gen. Hospital**
Address **St. Louis** Date signed **12-20-46**

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

48
3
8
J

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Carol L. Scheraga

Licensed Embalmer No.

3035

P. O. Address

1901 Central

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.

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