

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 31 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40865

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5273

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:
2757 E. 27th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 24 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. 2757 East 27th
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM L. STRIEGEL

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 12-14 Sat. day _____
year 1946 hour 6 minute 40 P. M.

21. I hereby certify that I attended the deceased from 2-11-46
to 12-14-46 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 Married

6. (b) Name of husband or wife Emeline Striegel

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased May 9 1855
(Month) (Day) (Year)

Immediate cause of death myocardial insufficiency & cardiac decompensation Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>91</u>	<u>7</u>	<u>5</u>	_____ hr. _____ min.

Due to Senility

Due to _____

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

10. Usual occupation Retired

Other conditions (Include pregnancy within 3 months of death) 950

11. Industry or business Farmer

12. Name Christian Striegel

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

14. Maiden name Unknown

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

16. (a) Informant Hilliard A. Striegel

(b) Address 2757 E. 27th St. K. C. Mo

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

(c) Place: burial or cremation Mt. Hope Cemetery Kansas

18. (a) Signature of funeral director Wilks Funeral Home

(b) Address 2315 Linwood K. C. 3 Mo

19. (a) 12-16-46 (b) Gertrudine Holmes
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy None

PHYSICIAN
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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature E. H. Bird, D.O. (Physician or other) _____
Address 1313 Westport Rd. Date signed 12-15-46

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

MOTHER FATHER

2645 Walnut - KC 64078

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 Chas E Wicks

Licensed Embalmer No. 2644

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.