

FILED FEB 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5117

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>382</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>617 St. Paul St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rebecca</u>			b. (Middle) <u>Schreiber</u>			c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) <u>January 24, 1949</u>							
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>November 9, 1899</u>	
9. AGE (In years last birthday) <u>49</u>		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Max Ohren</u>			13b. MOTHER'S MAIDEN NAME <u>Rose Dashkoff</u>			14. NAME OF HUSBAND OR WIFE <u>Samuel Schreiber</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Samuel Schreiber K. C. Kans.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute congestive heart failure</u>					<u>30 min.</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertensive heart disease</u>					<u>14 yrs.</u>
		DUE TO (c) <u>essential hypertension</u>					<u>15 yrs.</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>over weight</u>					<u>443</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>April 5, 1934</u> , to <u>1-24-</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1-24</u> , 19 <u>49</u> , and that death occurred at <u>8 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. V. Bell</u> M.D. (Degree or title)				23b. ADDRESS <u>209 Plaza Time Bldg.</u>		23c. DATE SIGNED <u>1-25-49</u>	
24a. BURIAL, CREMATION, REMOVAL, BURIAL (Specify) <u>burial</u>		24b. DATE <u>1-26-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson Co., Mo.</u>	
DATE RECEIVED BY LOCAL REG. <u>1-26-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Carroll-Davidson K. C. Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

Signed.....
Student Embalmer

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.

the underlying cause last. etc. <i>ill</i> means the disease, injury, or complication which caused death.		DUE TO (c) <i>Exceeded by Partition</i>		<i>1 Sept</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<i>Over Weight 443</i>			
19. DATE OF OPERATION <i>None</i>		19b. MAJOR FINDINGS OF OPERATION <i>None</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>None</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>None</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>None</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>None</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>None</i>	
22. I hereby certify that I attended the deceased from <i>Jan 5</i> , 19 <i>49</i> , to <i>1-24</i> , 19 <i>49</i> , that I last saw the deceased alive on <i>1-17</i> , 19 <i>49</i> , and that death occurred at <i>2</i> m. from the causes and on the date stated above.					
23a. SIGNATURE <i>J. V. Bell</i>		23b. ADDRESS <i>509 La. 22</i>		23c. DATE SIGNED <i>1-25-49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>1/26/49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Carmel</i>	
24d. LOCATION (City, town, or county) (State) <i>Jackson Co. Mo.</i>		DATE REC'D BY LOCAL REG. <i>1-26-49</i>		REGISTRAR'S SIGNATURE <i>Mildred Holmes</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Carroll Davidson</i>		ADDRESS <i>K. C. Mo.</i>			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Kathryn E. Davids

Licensed Embalmer No. 3648

P. O., Address Kansas City,

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.