

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

24044

**1. PLACE OF DEATH**

County Jackson  
Township Law  
City Kansas City

Registration District No. \_\_\_\_\_  
Specialty Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 3352  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. 3841 Brooklyn Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX female | 4. COLOR OR RACE white | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Schlesinger

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 30 - 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
53 | 0 | 22

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Home 17<sup>th</sup> St  
(b) General nature of industry, business, or establishment in which employed (or employer) mother  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Baltimore Md.  
(STATE OR COUNTRY)

10. NAME OF FATHER Henry Sussman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Miriam

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

14. INFORMANT Henry Schlesinger  
(Address) 3841 Brooklyn

15. FILED 8-24-25 M. M. Crowe REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 22 1925

17. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1925, to Aug 22, 1925 that I last saw h. or alive on Aug 22, 1925, and that death occurred, on the date stated above, at 9:30 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Shock from toxic  
poison caused by  
strangled scypha  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.  
CONTRIBUTORY (SECONDARY) myo carditis  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? yes DATE OF Aug 21 25  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
(Signed) Chas. F. Clark, M. D.  
8-25-25 (Address) Kansas City Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Memorial Park C. DATE OF BURIAL 8-25 1925

20. UNDERTAKER Clyde Beas ADDRESS 1800 Linwood

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

