

MO. MAR 25 1939

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

Do not use this space.

5942

File No. \_\_\_\_\_  
Registered No. **153**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County Buchanan Registration District No. \_\_\_\_\_  
Township St. Joseph Primary Registration District No. \_\_\_\_\_  
City St. Joseph (No. State Hosp # 24)

2. FULL NAME

(a) Residence, No. State Hospital #2 (4022 Holmes St. Kansas City, Mo.)  
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Osa Ahren

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ? ? 1874

7. AGE YEARS 64 MONTHS 2 DAYS 2 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Com. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Mrs. Freda Peltzman, 4022, Holmes St. Mo. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo. DATE 2-17-39

19. UNDERTAKER J.P. Lewis Funeral Home (ADDRESS) R. C. Mo.

20. FILED Feb. 16 1939 H. H. M. Bush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1939, to Feb. 15, 1939

I last saw him alive on \_\_\_\_\_, 1939. Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis with hyperten. Date of onset ?

Other contributory causes of importance: Acute broncho pneumonia (primary)

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_ (Signed) J. T. O'Neil, M. D. (Address) St. Joseph, Mo.

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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.

WHITE PEARLEY, WITH COMPANY INK—THIS IS A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I, A. L. Lewis, Licensed Embalmer No. 3110

hereby certify that the body recorded on the reverse side of this

Certificate was embalmed by Me

or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

(Signed) A. L. Lewis

Licensed Embalmer No. 3110

**NOTE:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
Failure to comply with the above regulation constitutes grounds for revocation of license.