WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

I X16805

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

REC'D JUL 10 1939

21106
Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON — Registration District No. 399

(b) Township KAW — Primary Registration District No. 1002 — Registered No. 2374

(c) or City KANSAS CITY — (d) Street No. 2818 - EAST - 69TH St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 33 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 324 MRS. JENNIE STIEGLITZ

(a) Residence, No. 2818 - EAST - 69TH STREET St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF WILLIAM P. STIEGLITZ

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOVEMBER-13-1856

7. AGE: YEARS 82 — MONTHS 6 — DAYS 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME
9. Industry or business in which work was done, as 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) ST. LOUIS COUNTY MISSOURI

FATHER
13. NAME UNKNOWN BROWN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS COUNTY MISSOURI

MOTHER
15. MAIDEN NAME UNKNOWN ORA
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

17. INFORMANT (ADDRESS) MR. JAMES B. STIEGLITZ 2818 - EAST - 69TH STREET

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. MORIAH DATE JUNE-10, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) D. W. NEWCOMER'S SONS 1401 - BRUSH CREEK BLVD.

20. FILED June 8, 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE - 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 15th, 1939, to June 8th, 1939
I last saw her alive on June 7th, 1939. Death is said to have occurred on the date stated above, at 8:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	
Cardiac failure	
93	

Other contributory causes of importance:
Mural arteriosclerosis
(Senility)

Name of operation none Date of
What test confirmed diagnosis? 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) Ernest Lilly, M. D.
(Address) 1022 Argyle Bldg. K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

1022 Coffee Bldg.
2-5

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.....

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, above space should be left blank.