

Stromblad Baby

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

24727

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 2940
 (c) City Kansas City, Mo. (d) Street No. Menorah Hospital, K.C. Mo. 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 yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 3165 Robert George Stromblad,

(a) Residence, No. 2815 Troost, K.C. Mo. Log: 4350. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 7 Years Old - Boy

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 29th, 1931

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
7 10 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Child
 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) Wisconsin13. NAME George Stromblad14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York15. MAIDEN NAME Alva Sinonson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisc.17. INFORMANT George Stromblad (ADDRESS) 2815 Troost, Ave., Apt. C.18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn, Cam. DATE July 20, 193919. FUNERAL DIRECTOR (NAME) Mrs. C.L. Forster (ADDRESS) 918 Brooklyn Avenue, K.C. Mo.20. FILED July 20, 1939 M. M. Browne Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18th, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1939, to July 18th, 1939
 I last saw him alive on July 18th, 1939. Death is said to have occurred on the date stated above, at 1:15 P.m.
 The principal cause of death and related causes of importance were as follows:

Post-operative hemorrhage
10483
 Date of onset 7-17-39

Other contributory causes of importance:

Hypertension
Cerebral aneurysm 7-17-39
 Name of operation Adenectomy & sinus op Date of 7-17-39
 What test confirmed diagnosis? Post-mort. Was there an autopsy? Yes

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) Charles K. Shofstall M. D.
 (Address) 616 Prof. Bldg

5225 Charlotte, Str., City, N.C. 6684

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 *Charles H. Wise*

..... Licensed Embalmer No. *2570*

P. O. Address *918 Brooklyn*

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.