

1939
10399

1002

Registrar's No. 1883

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Menorah Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 1 Year 1 mo. 5 days years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4028 Troost (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Charles Harvey Steinberg 251

8. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 28 1939
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 1 5 hr. min.

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Oscar Steinberg
13. Birthplace Kansas City Missouri
14. Maiden name Joliet Katz
15. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Oscar Steinberg
(b) Address 4028 Troost K. C. Mo.

17. (a) Burial (b) Date thereof 5-5-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Blue Ridge Cem.

18. (a) Signature of funeral director J. P. Louis Funeral Home
(b) Address 3400 Woodland K. C. Mo.

19. (a) May 5, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd
year 1940 hour 8:30 minute _____ M.
21. I hereby certify that I attended the deceased from MAY 1
1940 to MAY 3, 1940
that I last saw him alive on MAY 3, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Laryngo-Tracheo-Bronditis Duration 60 hrs
Due to Streptococcus Viridans
10/60

Other conditions Pulmonary Edema
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Infectious
Of operations None Done
Of autopsy None Done
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)
' While at work? _____ (a) Means of injury _____
23. Signature J. P. Louis (M. D. or other) _____
Address 628 W. 10th St Date signed 5-3-40

WRITE PLAINLY—USE 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.....

..... *myself* Registered Apprentice No.
working under my personal supervision.

Signed *Bert Legan*

Licensed Embalmer No. *3979*

P. O. Address *Kansas City, Mo*

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.