S. No. 2
M—9-4-41
v. 5-17-39
I X29484

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1942

Registration District No. 394

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5663

Registrar's No. 957

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:
3123 Broadway 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 51 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town 3123 Broadway 3
(If outside city or town limits, write "RURAL") 1

(d) Street No. Kansas City 8
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME MRS. MARIE STRAUB

3. (b) If veteran, name war .....

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Joseph V Straub

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

7. Birth date of deceased Jan 23 1869
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
73	1	14	..... hr. ..... min.

9. Birthplace ..... Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Lorenz Weth
13. Birthplace ..... Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marie Koberstein
15. Birthplace ..... Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Alma Straub
(b) Address 3123 Broadway

17. (a) Burial (b) Date thereof 3/9/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Quirk + Tobin Co
(b) Address 20 West Linwood

19. (a) 3/7/42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7th day March
year 1942 hour 6;15 minute A M.

21. I hereby certify that I attended the deceased from 1938
....., 19...., to March 7, 1942
that I last saw her alive on March 7, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Rectum	3 years
Due to 46 D	
Due to	
Other conditions Hypertensive Heart Disease (Include pregnancy within 3 months of death)	10 years

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
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? ..... (e) Means of injury D

23. Signature Jack W. Wolf (M. D. or other)
Address Kansas City, Mo. Date signed 3-7-42

361

(Licensed Embalmer's Statement on Reverse Side)

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.....Harold Perry.....

Licensed Embalmer No. 4097

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, fact should be so stated above.