

No. 2
5-543
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED APR 22 1946 STANDARD CERTIFICATE OF DEATH

State File No. **13383**
Registrar's No. **1749**

Registration District No. **149** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **K.C.**
(c) Name of hospital or institution: **Menorah Hospital**
(d) Length of stay: In hospital or institution **6 weeks**
In this community **45 yrs.**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Jackson**
(c) City or town **K.C.**
(d) Street No. **3018 Sayfield**
(e) Citizen of foreign country? **No.**

3. (a) PRINT FULL NAME **Phillip Stein**
3. (b) If veteran name war **No.** 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **17**
year **1946** hour **7:45** minute **8** M.
21. I hereby certify that I attended the deceased from **11/13/46** to **4/13/46**
that I last saw him alive on **4/13/46** and that death occurred on the date and hour stated above.

4. Sex **MO** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M.**
6. (b) Name of husband or wife **Dora Stein** 6. (c) Age of husband or wife if alive **49 5/8** years
7. Birth date of deceased **unknown**

Immediate cause of death **Chronic Myocarditis**
Due to **toxic erythema**

8. AGE: Years Months Days If less than one day
49 15 X X X hr. X min.

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace **Russia** (City, town, or county) (State or foreign country) **6**
10. Usual occupation _____
11. Industry or business **Jack Business**
12. Name **Mrs. Stein**
13. Birthplace **Russia**
14. Maiden name **Mary unknown**
15. Birthplace **Russia**

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN **938**
Underline the cause to which death should be charged statistically.

16. (a) Informant **Louis Stein**
(b) Address **700 E Gregory Bld.**
17. (a) **Burial** (b) Date thereof **4-15-46**
(c) Place: burial or cremation **Canton Ohio**
18. (a) Signature of funeral director **J. T. ...**
(b) Address **K.C. Mo.**
19. (a) **4-13-46** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place)
Signature **[Signature]** (M.D. or other) **M.D.**
Address **[Address]** Date signed **[Date]**

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

6272638

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 J. S. Miller

Licensed Embalmer No. 2744

P. O. Address K. C. 2nd

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.