

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 25 1946

Registration District No. _____ Primary Registration District No. **1002**

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: **Major Sanatorium**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: **In hospital or institution 1 week**
(Specify whether years, months or days)
 In this community: **54 yrs. 1 week**

3. (a) PRINT FULL NAME **Hugo G. Schlegel**
 3. (b) If veteran, name war: **no**
 3. (c) Social Security No.: **no**

4. Sex: **male**
 5. Color or race: **white**
 6. (a) Single, widowed, married, divorced: **married**
 6. (b) Name of husband or wife: **Stacy Schlegel**
 6. (c) Age of husband or wife if alive: **29 years**
 7. Birth date of deceased: **Feb-10-1892**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	54	4	1	hr. _____ min. _____

9. Birthplace: **K.C. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Cordable**

MOTHER FATHER

11. Industry or business: _____
 12. Name: **Johr Schlegel**
 13. Birthplace: **Ger 4**
(City, town, or county) (State or foreign country)
 14. Maiden name: **Ida Gaffner**
 15. Birthplace: **Ill**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Stacy Schlegel**
 (b) Address: **3936 Scarlett**
 17. (a) **Burial**
(Burial, cremation, or removal) (b) Date thereof: **June-13-1946**
(Month) (Day) (Year)
 (c) Place: burial or cremation: **Forest Hill**

18. (a) Signature of funeral director: **Mr. R. Foster**
 (b) Address: **918 Broadway**
 19. (a) **6-12-46**
(Date received local registrar) (b) **Thelma Holmes**
(Registrar's signature)

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. **3936 Scarlett**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **11th**
 year **1946** hour **One** minute **30 P.** M.
 21. I hereby certify that I attended the deceased from **June 4th** 19**46**, to **June 11th** 19**46**
 that I last saw him alive on **June 11th** 19**46**
 and that death occurred on the **11th** date and hour stated above.

Immediate cause of death: **Occlusion of the coronary artery sudden**
arteriosclerosis
 Due to: **Cerebral Thrombosis about 3 days**
 Due to: **Hypertension & cerebral arteriosclerosis several yrs**
 Other conditions: _____
(Include pregnancy within 3 months of death)

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

Major findings: _____
 Of operations: _____
 Of autopsy: _____

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? _____

While at work? _____ (Specify type of place)
 (c) Means of injury: _____
 23. Signature: **Harrison S. Major** (M. D. or other) _____
 Address: **3100 Euclid ave** Date signed: **6/14/46**

(Licensed Embalmer's Statement on Reverse Side)

Kansas City 3 Mo 1946

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

19377

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, fact should be so stated above.