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v. 5-17-39  
I X35697

27381

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# FILED AUG 19 1946 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3390

**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 1214 BUSH CREEK BLVD. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 YEARS (Specify whether years, months or days)

In this community \_\_\_\_\_

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 1214 BUSH CREEK BLVD. 8  
(If rural, give location)

(e) Citizen of foreign country? YES (Yes or No)  
If yes, name country AUSTRIA

**3. (a) PRINT FULL NAME** WINSLOW JOSEPH STICKLE

3. (b) If veteran, name war NO

3. (c) Social Security No. 487-09-7770

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month AUGUST day 3rd year 1946 hour 5 minute 30 P. M.

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife Mrs. MARGHERITE STICKLE (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased MAY 3rd 1872  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6 25 1946 to 8 23 1946 that I last saw him alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

**8. AGE:**

Years	Months	Days	If less than one day
<u>74</u>	<u>3</u>	<u>0</u>	hr. _____ min. _____

Immediate cause of death chronic myocarditis + nephritis Duration \_\_\_\_\_

9. Birthplace REICHENTHAL AUSTRIA  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

10. Usual occupation RETIRED COAL MINER

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

11. Industry or business RETIRED 7 YEARS

12. Name JOHN STICKLE

13. Birthplace REICHENTHAL AUSTRIA  
(City, town, or county) (State or foreign country)

14. Maiden name TERESIA DIETZ

15. Birthplace REICHENTHAL AUSTRIA  
(City, town, or county) (State or foreign country)

16. (a) Informant Ann Stickle

(b) Address 1214 Bush Creek Blvd

17. (a) BURIAL (b) Date thereof AUG 7 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director W. H. Newcomer

(b) Address 1401 Bush Creek Blvd

19. (a) 8-6-46 (b) Geraldine Tolmie  
(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? \_\_\_\_\_  
(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) (e) Means of injury \_\_\_\_\_

23. Signature J. Stickle (M. D. or other) \_\_\_\_\_  
Address city Date signed 8-5-46

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

26221

411  
1-4  
Singer Body

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**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 Emile M. Calhoun  
Licensed Embalmer No. 3506  
P. O. Address K. E. 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, fact should be so stated above.**