

No. 2
-17-45
5-17-39
I X47070

30472

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 7 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4001

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:
2931 PARK AVENUE 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 36 YEARS (Specify whether 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. 2931 PARK AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GUSTAV FREDRICK STEINKRAUS

3. (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 MARRIED

6. (b) Name of husband or wife MRS. EMMA STEINKRAUS 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased MAY 7 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 4 11 hr. min.

9. Birthplace TIPTON MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation SHOE REPAIR

11. Industry or business 1113 KANSAS AVENUE

12. Name CHARLES STEINKRAUS

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

14. Maiden name PHILLIPINA LABEL

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

16. (a) Informant MRS. EMMA STEINKRAUS

(b) Address 2931 PARK AVENUE

17. (a) BURIAL (b) Date thereof SEPT. 20 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEM.

18. (a) Signature of funeral director N. H. Newcomer, Sr.

(b) Address 1401 Bush Creek Blvd.

19. (a) 9-20-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 18TH
year 1946 hour 3 minute 00 P. M.

21. I hereby certify that I attended the deceased from Aug. 21
1946 to Sept 18 1946
that I last saw him alive on Sept. 18 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver.

Due to Carcinoma of pancreas (primary)

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations 46 g.

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 2

23. Signature Dorcas D. Gehrig (M. D. or other) 100.

Address 3527 Broadway Date signed Sept 19, 1946

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

356
1-4-30 not in file
-10-1335

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.C. 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.