

FILED FEB 4 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1437  
Registrar's No. 1136

BIRTH NO. 49-002316 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Jackson</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p>		b. COUNTY <p style="text-align: center;">Jackson</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Kansas City</p>		c. LENGTH OF STAY (In this place) <p style="text-align: center;">2 days</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Kansas City</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">St. Joseph Hospital</p>			d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">3301 Paseo</p>		
3. NAME OF DECEASED (Type or Print)		a. (First) <p style="text-align: center;">Marlyn</p>		b. (Middle) <p style="text-align: center;">Joyce</p>	
		c. (Last) <p style="text-align: center;">Streit</p>		4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">Jan 9 1949</p>	
5. SEX <p style="text-align: center;">female</p>	6. COLOR OR RACE <p style="text-align: center;">white</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">never married</p>	8. DATE OF BIRTH <p style="text-align: center;">Jan 7, 1949</p>		9. AGE (In years last birthday) If under 1 year: Months   Days   Hours   Mins. <p style="text-align: center;">0   2</p>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Infant</p>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">Kansas City, Missouri</p>	
12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">U.S.A.</p>		13a. FATHER'S NAME <p style="text-align: center;">Adolph J. Streit</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Helen Joyce Watson</p>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">no</p>		16. SOCIAL SECURITY NO. <p style="text-align: center;">none</p>	
17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Mr. Adolph J. Streit, 3301 Paseo, KC, Mo.</p>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <p style="text-align: center;">Prematurity, six months gestation</p>		19. ADDRESS <p style="text-align: center;">3301 Paseo, Kansas City, Mo.</p>	
18. CAUSE OF DEATH (continued) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <p style="text-align: center;">776</p>		19. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <p style="text-align: center;">U</p>	
22. I hereby certify that I attended the deceased from <u>Jan 7</u> , 1949, to <u>Jan 9</u> , 1949, that I last saw the deceased alive on <u>Jan 8</u> , 1949, and that death occurred at <u>4:00 A.M.</u> from the causes and on the date stated above.					
23a. SIGNATURE <p style="text-align: center;">JOS. W. PARKER, JR.</p>			23b. ADDRESS <p style="text-align: center;">915 Angeli Bldg., R.C.Mo.</p>		23c. DATE SIGNED <p style="text-align: center;">1-9-49</p>
24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p>		24b. DATE <p style="text-align: center;">1-11-49</p>		24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Mount St. Mary's</p>	
24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Kansas City, Missouri</p>		25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">Mellody-McGilley-Eylar</p>		25. ADDRESS <p style="text-align: center;">Kansas City, Mo.</p>	
DATE REC'D BY LOCAL REG. <p style="text-align: center;">1-11-49</p>		REGISTRAR'S SIGNATURE <p style="text-align: center;">S. Geraldine Holmes</p>		25. ADDRESS <p style="text-align: center;">Mellody-McGilley-Eylar, Kansas City, Mo.</p>	

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed

*Glen E. Heck*

Signed.....

Student Embalmer

Licensed Embalmer No.

*4063*

P. O. Address

*Kansas City, 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.