

THE DIVISION OF HEALTH OF MISSOURI  
 FILED AUG 15 1957 STANDARD CERTIFICATE OF DEATH

24429

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

3561

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Kansas City,</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City,</u>	
c. LENGTH OF STAY (in this place) <u>2 Days</u>		d. STREET ADDRESS (If rural, give location) <u>315 N. 20 St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital K.C. Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Pauline</u> b. (Middle) <u>Wilhemia</u> c. (Last) <u>Brose</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 27, 1957</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 20, 1869</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Her Self</u>	11. BIRTHPLACE (State or foreign country) <u>Altdeadorf, Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Lehnigk</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Paul J. Brose</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Carl H. Brose</u>	ADDRESS <u>315 N. 20 St. K.C. Kansas</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumonitis, bilateral</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4927</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from July 25, 1957, to July 27, 1957, that I last saw the deceased alive on July 27, 1957, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Sam D Hooper M.D.</u>	23b. ADDRESS <u>Grandview Mo</u>	23c. DATE SIGNED _____
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24a. BURIAL CREMATION (REMOVAL) (Specify) <u>Burial</u>	24b. DATE <u>July 30, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Quindaro Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas.</u>
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DATE REC'D BY LOCAL REG. <u>7-30-57</u>	REGISTRAR'S SIGNATURE <u>Neva Minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Echternacht</u>	ADDRESS <u>FUNERAL HOME 1318 QUINDARO BLVD. KANSAS CITY 2, KANSAS</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD Sam D. Hooper, M.D.

Dr. David Hooper  
6232 Troost

STATION

NO. 12

SECTION

AMBER CITY

ST. JOSEPH

HOSPITAL

312 N. 30 ST.

ST. JOSEPH HOSPITAL 4.0.10

1901 ST. 100

PROSE

WIDOWED

POSITIVE

REP. SC. 1881

WIDOWED

WHITE

FEMALE

U.S.

ALFREDOM. GERMANY

ON SELF

HOUSE WIFE

PAUL J. PROSE

PROSE

PROSE

CORP. H. PROSE 312 N. 30 ST. A.C. 1881

PROSE



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.

Student \_\_\_\_\_

Student Embalmer

Signed *Harold L. Eckstein*

Licensed Embalmer No. 3035

P. O. Address *St. Paul*

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.