

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 303

File No. 24041

Primary Registration District No. 3rd Ward

Registered No. 39

2. FULL NAME

Sigmund Carl Stulz
(a) Residence. No. 3748 Washington St. Ward.

(If home address give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U.S., if of foreign birth? 43 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Kathyrne Stulz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 8 - 1860

7. AGE YEARS MONTHS Days IF LESS than 1 day, ____ hrs. or ____ min.
68 | 1 | 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Wholesale Novelties
(b) General nature of industry, business, or establishment in which employed (or employer) Proprietor
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Wittlich
(STATE OR COUNTRY) Germany

10. NAME OF FATHER Wm Stulz

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Ed J. Gilbert
(Address) 5425 Daltmore

15. FILED 7/24 1928 M. N. Craue
REGISTRAR asch

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-23 1928

17. I HEREBY CERTIFY That I attended deceased from July 23 1928 to July 25 1928 that I last saw him alive on July 23 1928, and that death occurred, on the date stated above, at 6:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

46F
1270 Carcinoma of Pan-
Creas

(duration) 10 yrs. 10 mos. ds.

CONTRIBUTORY (SECONDARY) Biliary obstruction
(duration) 2 yrs. 2 mos. ds.

18. WHERE DISEASE CONTRACTED His home
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? 481 DATE July 20 1928

20. WAS THERE AN AUTOPSY? 421

WHAT TEST CONFIRMED DIAGNOSIS? Operation, Autopsy
(Signed) Samuel A. J. M. D.

7-23 1928 (Address) 814 Argyle Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Rosehill Cemetery DATE OF BURIAL July 25 1928

20. UNDERTAKER Julian K. Davidson ADDRESS 3024 Trest

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORDING INFORMATION IS A PERMANENT RECORD

