WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

22569

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 6213

City ST. LOUIS MO (No. 4023 N. 11th St. ..... St. ..... Ward)

2. FULL NAME CHRISTINE REIMENSCHNEIDER

(a) Residence. No. 4023 N. 11th St., 26 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
FEMALE	WHITE	WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) JAN. 23. 1841

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
86	5	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work HOUSEWIFE
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) GERMANY

PARENTS

10. NAME OF FATHER UNKNOWN

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) GERMANY

12. MAIDEN NAME OF MOTHER UNKNOWN

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

14. INFORMANT Henry Riemenschneider (Address) Warne & Carter Ave

15. FILED JUL -6 1927 Max C. Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 6 1927

17. I HEREBY CERTIFY, That I attended deceased from July 5th, 1927, to July 6th, 1927 that I last saw her alive on July 6th, 1927, and that death occurred, on the date stated above, at 2:05 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute gastritis due to Chronic Myocarditis

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) 908

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) Carl Orth, M. D

July 6th, 1927 (Address) 1437 Pinedale Ave

*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	DATE OF BURIAL
St Johns Cemetery	7-8 1927
20. UNDERTAKER	**ADDRESS**
Genteman & Wagoner	4320 Warne