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

Do not use this space.

31875

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 9237

City St Louis (No. ....., ... St. ..... Ward)

2. FULL NAME Catherine Reiner

(a) Residence. No. 2127a Sidney St., 23 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nick Reiner

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 20 1896

7. AGE: Years 31 | Months 2 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(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): Ungarn

PARENTS

10. NAME OF FATHER: John Binder
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ungarn
12. MAIDEN NAME OF MOTHER: Katy Stahl
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ungarn

14. INFORMANT: Nick Reiner
(Address) 2127a Sidney

15. FILED OCT 17 1927, 19.. Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 16 1927

17. I HEREBY CERTIFY, That I attended deceased from August 24th, 1927, to October 16th, 1927, that I last saw her alive on October 16th, 1927, and that death occurred, on the date stated above, at 8 30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Consumption of lungs

2 B 17

31 (duration) ..... yrs. 1 mos. 16 ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Robert Reidera, M. D.

Octob 17th, 1927 (Address) 1012 Geyer Av

*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: Concordia | DATE OF BURIAL: Oct 18 1927

20. UNDERTAKER: Arendes U Co | ADDRESS: 1718 Lo 9e

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.