WHITE PLANET, 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.

11181

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 3011

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

City St Louis (No. 3523 a N. Jefferson Av. St. ..... Ward)

2. FULL NAME Theresa Rose Kistner

(a) Residence. No. 3523 a N. Jefferson St., 20 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 19. 1927

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
—	5	25	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(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) St Louis Mo.

PARENTS

10. NAME OF FATHER Anthony Kistner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

12. MAIDEN NAME OF MOTHER Elizabeth Neuer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo.

14. INFORMANT Anthony Kistner
(Address) 3523 a N. Jefferson

15. FILED MAR 17 1928 19 Max C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch 15 1928

17. I HEREBY CERTIFY, That I attended deceased from March the 4th, 1928, to March the 14, 1928 that I last saw her alive on March the 14th, 1928, and that death occurred, on the date stated above, at 6:45 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

107A Broncho Pneumonia

Primary

(duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (SECONDARY) 107A

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

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

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

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Dr. Reinhold Passler, M. D

Mar. 13., 1928 (Address) 1452 N. 15 St

*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: Calvary Cemetery

DATE OF BURIAL: 3/17 1928

20. UNDERTAKER: Neck and Dickman

ADDRESS: 3039 Easton