

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

Do not use this space.

19287

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003** File No.
 City St. Louis (No. 1922 Provenchere Places St. **5719** Ward)

2. FULL NAME

Magdalena Padruitt
 (a) Residence. No. 1922 Provenchere Place 24 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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andrew Padruitt
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 5 - 1855
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 | 1 | 21

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) Switzerland

PARENTS

10. NAME OF FATHER Nicholas Flutsch
 11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
 (STATE OR COUNTRY) Switzerland
 12. MAIDEN NAME OF MOTHER Walburga Conrad
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
 (STATE OR COUNTRY) Switzerland

14. INFORMANT O. J. Padruitt
 (Address) 4608 Loughborough Ave

15. FILED MAY 27 1928 W. C. Stankley
 REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 26 1928
 17. I HEREBY CERTIFY That I attended deceased from April 2, 1928, to May 26, 1928 that I last saw him alive on 5 - 1928, and that death occurred, on the date stated above, at 12:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
930 (duration) ? yrs. ? mos. ? ds.
 CONTRIBUTORY (SECONDARY) None
 (duration) ? yrs. ? mos. ? ds.

18. WHERE WAS DISEASE CONTRACTED.....
 IF NOT AT PLACE OF BIRTH.....
 DID AN OPERATION PRECEDE DEATH? No DATE OF.....
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Physical findings etc
 (Signed) Leop B Hall, M. D.
6/26 1928 (Address) 1005 So. Ewing

*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 New St. Marcus DATE OF BURIAL May 29 1928

20. UNDERTAKER Wacker-Helders ADDRESS 2331-S Bldg

RECEIVED WITH IMPENDING 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.

