

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

Do not use this space.

35232

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City *St. Louis* (No. *City* *Deep*)

File No.....
Registered No. **10218**
St. Ward)

2. FULL NAME

Thelma Reussing
(a) Residence. No. *308 So. Second St.* Ward. *70*
(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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>John Reussing</i>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Jan 24 1869</i>		
7. AGE	YEARS <i>59</i>	MONTHS <i>8</i>
	DAY <i>21</i>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <i>Housewife 181</i> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) *Waterloo*
(STATE OR COUNTRY) *Illinois*

10. NAME OF FATHER *August Brandes*

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

12. MAIDEN NAME OF MOTHER *Charlotte Neubauer*

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

14. INFORMANT *Mr. John Reussing*
(Address) *308 So. Second*

15. FILED *19 1928* *Max 6 Starzoff*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Oct 17 1928*

17. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to 19.....
that I last saw h..... alive on 19..... and that
death occurred on the date stated above, at..... *2:30 P.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock + Burns (1st + 2nd Degree)
Due to clothing becoming ignited from explosion caused by kerosene being poured on fire. (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) *Accident*
no burning building 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?
J. W. Corner M.D.
10/18, 1928 (Address) *Dep. Cor*

*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 *Memorial Park Cem* DATE OF BURIAL *10-20 1928*

20. UNDERTAKER *Geo. L. Pleitsh* ADDRESS *5766 Easton*

WRITE 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.

