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

Do not use this space.

3473

1. PLACE OF DEATH
County St. Louis — Registration District No. 1170
Township St. Louis County — Primary Registration District No. 6348 H
City Richmond Hights (Ward) St Marys Hosp — St. ..... Ward)

File No. .....
Registered No. 7

2. FULL NAME Mary Rengstorff
(a) Residence. No. 6534 Julian Ave St. ..... Ward. St Louis Mo
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 15 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: George Joseph Rengstorff

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 15 1866

7. AGE: Years 62 | Months 1 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER: Henry Schneider
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 George Joseph Rengstorff
(Address) 6534 Julian Ave

15. FILED 1/9, 1929 C L Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 8 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 5th, 1929, to Jan 8th, 1929, that I last saw her alive on Jan 7th, 1929, and that death occurred, on the date stated above, at 7:00 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplectic Stroke
95 D
99 A
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Cardio Renal Disease
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? At Place of Death
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings
(Signed) Luce J Reilly, M. D
Jan 8, 1929 (Address) 6125a Bartmus

*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: 1-10 1929

20. UNDERTAKER: Jas. H. Clark — ADDRESS: 1925 Hodiamont

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.

B 26 1929
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