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

Do not use this space.

8240

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. ..... Registered No. 1889

City St. Louis, Mo. (No. 2616a Louisiana St. ..... Ward)

2. FULL NAME: Mina Flischer

(a) Residence. No. 2616a Louisiana St., 17 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 31 - 1849.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	5	7	

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

235

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

10

PARENTS

10. NAME OF FATHER John Belz

10

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

12. MAIDEN NAME OF MOTHER Unknown

10

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

14. INFORMANT Bertha Flischer
(Address) 2616a Louisiana Ave.

15. FEB -9 1929
FILED ....., 19.. Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 7 - 1929.

17. I HEREBY CERTIFY, That I attended deceased from January 23rd, 1929, to February 7th, 1929 that I last saw her alive on February 7th, 1929, and that death occurred, on the date stated above, at 1:10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Regurgitation Heart.
92A
93C (duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis
(duration) — yrs. 6 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Pt.
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Albert Beisbarth, M.D.
2/7, 1929 (Address) 3548 S. Grand Bl.

*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 Sunset Burial Pk. DATE OF BURIAL 2-9-1929

20. UNDERTAKER Ziegenhein Bros. 2623 ADDRESS Cherokee St.

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.