

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

Do not use this space.

12612

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City: **St. Louis**

(No. **2838-24th St**)

file No.....

Registered No. **3141**

St. Ward)

2. FULL NAME

Rosina Pestel

(a) Residence. No. **2838-24th** St., **24** Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the words)

Female

White

Married

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

Christian Pestel

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

June 15-1842

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

86

8

29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(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)

Germany

10. NAME OF FATHER

Unknown

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

(Address)

**Admund Pestel
2838-24th St**

15. FILED

19

Max C. Starker

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Mar. 12 1929**

17. HEREBY CERTIFY, That I attended deceased from **Mar. 10**, 19**29** to **Mar. 12**, 19**29**

that I last saw her alive on **Mar. 2**, 19**29**, and that death occurred, on the date stated above, at **2:10 p.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

**chronic nephritis
131**

CONTRIBUTORY **beginning gangrene of legs** (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? **no** DATE OF.....

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **clinical observation**

(Signed) **Dr. H. T. Tyson**, M. D.

Mar. 12, 1929 (Address) **8891 California**

*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

DATE OF BURIAL

New Packer

Mar 15 1929

20. UNDERTAKER

ADDRESS

Wacker Kelderer

2331-5 Bldg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

23
10
10
10

