

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

Do not use this space.

42444

**1. PLACE OF DEATH**

County.....  
Township.....  
City..... (No. 4541

Registration District No. 791  
Primary Registration District No. 1003  
Maryland

File No.....  
Registered No. 12176  
St. .... Ward)

**2. FULL NAME**

Anna Reintschler Reintschler

(a) Residence. No. 4541 Maryland St., 12 Ward.

(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 **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 **Gottlieb Reintschler**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Jan. 3, 1831**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	98	11	10	

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) **Lenzburg**  
(STATE OR COUNTRY) **Switzerland**

10. NAME OF FATHER **Alois Thomann**

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

12. MAIDEN NAME OF MOTHER **Unknown**

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

14. INFORMANT Walter Noel  
(Address) 360a Wyoming St.

15. FILED LEB 14 1929 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **December 13 19 29**

17. I HEREBY CERTIFY, That I attended deceased from July 12, 1929, to December 13, 1929, that I last saw her alive on December 12, 1929, and that death occurred, on the date stated above, at 7 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Parotitis**  
**No Mumps**

CONTRIBUTORY (SECONDARY) **Senility**

18. WHERE WAS DISEASE CONTRACTED **10810**

IF NOT AT PLACE OF DEATH

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

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Fred J. Vanney, M. D.

, 19 (Address) 3720 Washington

\*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

**Malhalla Crematory**

DATE OF BURIAL

**Dec. 14 19 29**

20. UNDERTAKER

Hauch & Schmitt

ADDRESS 3732

**S. Grand Blv.**

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.

WRITE PLAINLY, WITH OMISSION OF UNNECESSARY DETAILS. OCCUPATION IS A PERMANENT RECORD

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