

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

Do not use this space.

7203

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 3349^a Wisconsin) St. _____ Ward _____

File No. _____
Registered No. 2078
St. _____ Ward _____

2. FULL NAME

Elizabeth Raisz
(a) Residence No. 3349^a Wisconsin St. 24 Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>March 4, 1855</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>11</u>
	DAYS <u>21</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Housework</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 25, 1930

17. I HEREBY CERTIFY That I attended deceased from _____, 19____, that I last saw him alive on Feb 24, 1930, and that death occurred, on the date stated above, at _____ a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Cancer (breast)
1 1/2 yrs (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Hill B
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

20. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Alfred M. Munn M. D.
1/26, 1930 (Address) 4001 Park Hill

*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 <u>St. Peter & Paul Church</u>	DATE OF BURIAL <u>Feb 28, 1930</u>
20. UNDERTAKER <u>Suedmeyer & Sons</u>	ADDRESS <u>3934 N. 20</u>

9. BIRTHPLACE (CITY OR TOWN) Freeburg
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER <u>Adam Raisz</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>not known</u> (STATE OR COUNTRY) <u>Germany</u>
12. MAIDEN NAME OF MOTHER <u>Balbina Rottler</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>not known</u> (STATE OR COUNTRY) <u>Germany</u>

14. INFORMANT Leo Rottler Raisz
(Address) 3349^a Wisconsin

15. FILED 31 19 May 2 1930
May C. Starkey REGISTRAR

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.

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Dr. Adolph Meyer
Chicago