

APR 30 1930

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

Do not use this space.

9212

1. PLACE OF DEATH

County Jefferson Registration District No. 420  
Township Yale Primary Registration District No. 5574  
City (No. ....) St. .... Ward

File No. ....  
Registered No. 34  
St. .... Ward

2. FULL NAME

Lena Reifeiss  
(a) Residence. No. De Soto Mo St. .... Ward. ....  
(Usual place of abode) (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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 19, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
About 78 5 28

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)

(STATE OR COUNTRY) St Louis Mo

10. NAME OF FATHER Christ Reinhardt

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 Louis Reifeiss  
(Address) 2912 N. Fair w

15. FILED 7/18 1930 D. Baugly REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 17, 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 12, 1930 to Mar 17, 1930 that I last saw her alive on Mar 17, 1930 and that death occurred, on the date stated above, at 2 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

108  
Lobar pneumonia  
(duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY)

(duration) .... yrs. .... mos. 5 ds.

18. WHERE WAS DISEASE CONTACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) David Ford, M. D.

Mar 18, 1930 (Address) De Soto Mo.

\*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

Concordia Cem Mar. 22 1930

20. UNDERTAKER ADDRESS

Guganher Bros 2623 Cherokee

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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WRITE PLEASE! WITH UNFADING INK—THIS IS A PERMANENT RECORD

