

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

Do not use this space.

24388
6525

1. PLACE OF DEATH

County.....
Township.....
City ST. LOUIS MO.

Registration District No. 791
Primary Registration District No. 1003
(No. 4118 FAIR AVE.

File No.
Registered No.
St. Ward)

2. FULL NAME WILLIAM RISSMANN.

(a) Residence. No. 4118 FAIR AVENUE. St. 10 Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE. 4. COLOR OR RACE WHITE. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) MARRIED.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2/24/1862.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	68	4	11	

8. OCCUPATION OF DECEASED Clerk
(a) Trade, profession, or particular kind of work. HOUSEWIFE.
(b) General nature of industry, business, or establishment in which employed (or employer) Not employed
(c) Name of employer

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

10. NAME OF FATHER Unknown RISSMANN.

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

12. MAIDEN NAME OF MOTHER DO NOT KNOW.

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

14. INFORMANT LRS. ANNA RISSMANN.
(Address) 4118 FAIR AVENUE.

15. FILED JUL 17 1930 Max C. Hartley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) JULY 5th, 1930

17. I HEREBY CERTIFY, That I attended deceased from July 5th 1930, to July 5th 1930, that I last saw him alive on July 5th, 1930, and that death occurred, on the date stated above, at 9 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic nephritis

131
97 (duration) 1 yrs. 1 mos. 0 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis (duration) 1 yrs. 1 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED? Place of death
IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? No DATE OF X
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Usual symptoms
(Signed) William T. Hiesche M. D.

7/7, 1930 (Address) 3500 N Grand

*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 ST. JOHNS CEMETERY. DATE OF BURIAL 7/8/ 19 30

20. UNDERTAKER Provost and Co ADDRESS 3710 N Grand.

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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