

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

Do not use this space.

37630

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **2022 Withnell Ave.**) St. Ward

File No.
Registered No. **10717**
St. Ward

2. FULL NAME

Caroline Fassel
(a) Residence No. **3022 Withnell** 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 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 27-1857		
7. AGE	YEARS	MONTHS
73	1	11
If LESS than 1 day, hrs. or min.		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **House Work**
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) **St. Louis, Mo.**
(STATE OR COUNTRY)

10. NAME OF FATHER **Henry Mortenmier**
11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Germany**
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER **Henrietta Rettigeyer**
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Germany**
(STATE OR COUNTRY)

14. INFORMANT **Alois Fassel Jr.**
(Address) **2022 Withnell Ave.**

15. FILED **NOV 13 1930**
REGISTRAR **Ray C. Hartley**

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Nov: 8 - 1930**
17. I HEREBY CERTIFY, That I attended deceased from **October 12, 1929** to **Nov 8, 1930**, that I last saw her alive on **November 8, 1930**, and that death occurred, on the date stated above, at **4:20 P. m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular lesions of heart
Heart insufficiency
unobscured
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) **Dilatation of heart**
(duration) **about 7 mos.** - ds.

18. WHERE WAS DISEASE CONTRACTED? **POW**
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? **No** DATE OF.....
WAS THERE AN AUTOPSY? **No**
WHAT TEST CONFIRMED DIAGNOSIS? **Physical Diagnosis**
(Signed) **Chas. J. Ratter** M. D.
11/10, 1930. (Address) **3123 Lemps Ave**

*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. Matthews, Lem.** DATE OF BURIAL **11-12-1930**

20. UNDERTAKER **Ziegenhein Bros. 2623 Cherokee** ADDRESS

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

