

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

Do not use this space.

7690

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 10023
City St. Louis (No. 6318 Fyler ave) St. _____ Ward)

File No. _____
Registered No. 2052
St. _____ Ward)

2. FULL NAME

Mary Reistle
(a) Residence. No. 6318 Fyler ave St. 3 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-15 1931

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF August Reistle

17. I HEREBY CERTIFY, That I attended deceased from July 15, 1929, to Feb 15, 1931.
That I last saw him alive on Feb 15, 1931, and that death occurred, on the date stated above, at 8:15 A. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 10, 1869

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
61 9 5

Chronic myocardia
92 (duration) 1 yrs. 8 mos. - ds.

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) 35
(c) Name of employer

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

9. BIRTHPLACE (CITY OR TOWN) Flouissant (STATE OR COUNTRY) Mo

18. WHERE WAS DISEASE CONTRACTED
IF NOT A PLACE OF DEATH _____

10. NAME OF FATHER Henry albert

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

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

WHAT TEST CONFIRMED DIAGNOSIS clinical signs
(Signed) E. W. Johnson, M. D.
2/16, 1931 (Address) 2919 S. KINGCROFTWAY BLVD.

12. MAIDEN NAME OF MOTHER Margaret Cutting

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

14. INFORMANT August Reistle (Address) 6318 Fyler 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.

15. FILED 16 1931 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New St Peter Paul DATE OF BURIAL 2-18 1931
20. UNDERTAKER Kriegshausen & Co. S. King Highway ADDRESS 4228

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.

WHITE PLAIN WITH U.S. ADING INK—THIS IS A PERMANENT RECORD

