

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. LOUIS Mo.

(No. St. LUKE'S Hospital)

File No. 12019

Registered No. 3270

St. Ward)

2. FULL NAME MINNA L. VOSSMEYER RHEINFELD

(a) Residence. No. 8766 Burton St., 12 Ward.

St. Louis Co. Mo.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

Female | white | widowed

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

Alexander R. Rheinfeld.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6/22/1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 | 8 | 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

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

10. NAME OF FATHER August Vossmeyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Germny 10

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Edw. R. Rheinfeld
(Address) 6175 Kingsbury

15. FILED Mar 15 1931 Max Starobin

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 13th '31

17. I HEREBY CERTIFY, That I attended deceased from March 8, 1931, to March 13, 1931, that I last saw him alive on March 12, 1931, and that death occurred, on the date stated above, at 7:30 A.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

108
104A
acute lobar pneumonia
(duration) 4 hr 8 ds
CONTRIBUTORY (SECONDARY) Probable upper respiratory infection
(duration) about 14 ds

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) Walter Baumgartner, M. D.
3/13/31 (Address) 3720 Washington

*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**

St. Peter's Cem. | 3/16/31

20. UNDERTAKER | ADDRESS

W. Anderson & Sons | 6175 Kansas

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.

