

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

Do not use this space.

29308

**1. PLACE OF DEATH**

County St. Louis  
Township Central  
City Creve Coeur (No. \_\_\_\_\_)

P<sup>h</sup>ation District No. 289  
Primary Registration District No. 603383

File No. \_\_\_\_\_  
Registered No. 258  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

(a) Residence. No. Marine Ave. 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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 10-1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68 | 11 | 28 | 29

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).  
(c) Name of employer.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clayton, Mo.

10. NAME OF FATHER Wm Seibert

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Clayton, Mo.

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT (Address) Frederick Gistraschke  
Creve Coeur, Mo.

15. FILED 8/9 1931 Greta Gray M.D. REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 8 1931

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h<sup>e</sup> alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 7:45 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Ch. myocarditis

CONTRIBUTORY (SECONDARY) Coronary Arteriosclerosis  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH. Infant Sanity

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS Microscopic  
(Signed) J. H. G. M. D.  
8/8 1931 (Address) From Paris Co

\*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  
Ev. St. Pauls Cem. 8/10/ 1931

20. UNDERTAKER ADDRESS  
Baumann Bros. Overland, Mo.

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.

25 1931

10/10/10  
10/10/10