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

Do not use this space.

35914

File No. .....

Registered No. 10432

791
1003

**1. PLACE OF DEATH**

County ..... Registration District No. .....

Township St. Louis Primary Registration District No. .....

City ..... (No. 700A Carrie Ave. St. ..... Ward)

**2. FULL NAME** Anna P. Rindersknecht

(a) Residence, No. 700A Carrie Ave St., 9 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Married |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9 1858

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 73 | 5 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. –

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation –

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

FATHER

13. NAME John Ries

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT Herman Rindersknecht
(ADDRESS) 700A Carrie Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Friedens DATE Oct. 13 1931

19. UNDERTAKER Math. Hermann Sig Jos
(ADDRESS) 4161 Gravois Ave

20. FILED OCT 13 1931 Mae E. Crowe
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 10 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 10th 1928, to Oct 10th 1931, I last saw he alive on Oct 10th 1931, Death is said to have occurred on the date stated above, at 8 35 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Endocarditis | 1/10/28 |
| T.B. | |
| G.P.I. | |
| Other contributory causes of importance: Edema of Legs + Ankle | 6 mo. |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) A. Lichtenstein, M. D.
(Address) 6104 Westminster St. Louis

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.

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