

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

Do not use this space.

13670

1. PLACE OF DEATH

93 County St. Charles Registration District No. 757
 4 Township Primary Registration District No. 3036
 8 City St. Charles (No. Gillette N. Geo. Hospital) Ward

2. FULL NAME

(a) Residence, No. 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 <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Gillette</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 5, 1872</u>					
7. AGE		YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>1872</u>		<u>59</u>	<u>7</u>	<u>9</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>235</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>House work</u>				
	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) <u>St. Charles</u>					
MOTHER	13. NAME <u>Herman Riehnauer</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>dent Kogan</u>				
	15. MAIDEN NAME <u>Marie Fasbink</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>				
17. INFORMANT (ADDRESS) <u>Mr. George Roth</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Catherville</u> DATE <u>4/17</u> 19 <u>32</u>					
19. UNDERTAKER (ADDRESS) <u>Marie Muehling</u> <u>Hambly road</u>					
20. FILED <u>4/16</u> 19 <u>32</u> <u>W. S. Bloebaum</u> Registrar					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 14 1932

22. I HEREBY CERTIFY, That I attended deceased from April 7 1932 to Apr. 14 1932
 I last saw her alive on April 14 1932 Death is said to have occurred on the date stated above, at 11:50 m.
 The principal cause of death and related causes of importance were as follows:
Staphylococcus meningitis.
following attack
of meningitis -
1931
1931

Other contributory causes of importance:
JPA
①

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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) J. J. Jones, M. D.
 (Address)

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. MAY 28 1932

