

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

Do not use this space.

20762

1. PLACE OF DEATH

46 County St. Louis Registration District No. 1123
Township Parment Primary Registration District No. 624813
City Jefferson Barracks, Mo. U.S.V.A. Hospital, Jefferson Barracks, Mo. Ward)

File No.
Registered No. 204

2. FULL NAME Walter A. Reidelburger

(a) Residence, No. 706 W. Main Str., Nashville, Ills. Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred un yrs. kn mos. OW ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	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 Mrs. Mamie Reidelburger.				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12, 1892				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	40	1	9	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electric Lineman.			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Illinois Light & Power Co.			
	10. Date deceased last worked at this occupation (month and year) April 1932.		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) Nashville, Illinois.				
MOTHER FATHER	13. NAME Isaac Reidelburger.			
	14. BIRTHPLACE (CITY OR TOWN) Unknown, Illinois.			
	15. MAIDEN NAME Carrie Lively.			
	16. BIRTHPLACE (CITY OR TOWN) Unknown, Illinois.			
17. INFORMANT G. E. Smith, Clinical Director, U.S.V.A. Hospital, Jefferson Brks, Mo.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Washville, Tenn. DATE June 23, 1932				
19. UNDERTAKER W. C. Silberman (ADDRESS) Nashville, Tenn.				
20. FILE June 21, 1932 L. C. Obrock Registrar.				

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 21, 1932, 19**

22. I HEREBY CERTIFY, That I attended deceased from **June 4, 1932, 19** to **June 21, 1932, 19**
I last saw h. **im** alive on **June 21, 1932, 19** Death is said to have occurred on the date stated above, at **6:05 AM.**
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset

Other contributory causes of importance:
Valvular Heart Disease combined stenosis, insufficiency of aortic valve.

Name of operation **Autopsy** Date of **Autopsy**
What test confirmed diagnosis? **Physical & Laboratory findings** Was there an autopsy? **Yes.**

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? _____
If so, specify _____

(Signed) **W. C. Silberman, M.D.** Medical Officer in Charge
(Address) **U.S.V.A. Hospital, Jefferson Barracks, Mo.**

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.

27 1932

