

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

Do not use this space.

24914

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 10000
City St. Louis (No. City Hospital)
5009 Henry St

File No.
Registered No. 7088
St. Ward)

2. FULL NAME

(a) Residence, No. 1712 So. 10th St Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Life mos. 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14-1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 2 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 101
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 1 Mo.

13. NAME Reinhardt Steitz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg 2 Mo.

15. MAIDEN NAME Hettie Kern

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 91

17. INFORMANT (ADDRESS) Hospital Information

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlehem DATE August 1, 1932

19. UNDERTAKER (ADDRESS) Miss J. B. ...

20. FILED: Jul 31 1932 Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1932 to July 28, 1932
I last saw him alive on July 28, 1932 Death is said to have occurred on the date stated above at 1.00 P. M.
The principal cause of death and related causes of importance were as follows:

Brain Pneumonia Date of onset 7-25-32
83
Other contributory causes of importance: General Paralysis of Insane 6-24-32 + Lucetic

Name of operation. Date of operation. What test confirmed diagnosis? clinical 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) Arthur A. Hines, M. D.
(Address) City Hospital

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.

Stutz