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.

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

Do not use this space.

24935

1. PLACE OF DEATH

County ..... Registration District No. 701

Township ..... Primary Registration District No. [illegible]

City St Louis (No. 2855, Salena St. ..... Ward)

File No. .....

Registered No. 7110

2. FULL NAME Regina Eisenbeis

(a) Residence, No. 2855 Salena St. St., 24 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 75 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 26—1856

7. AGE: YEARS 75 | MONTHS 9 | DAYS 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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. 1

FATHER

13. NAME: Henry Saller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

MOTHER

15. MAIDEN NAME: Lucia Abeln

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): German

17. INFORMANT (ADDRESS): Mrs Rudolph Brandt 2855 Salena St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Peter-Paul DATE Aug 2 1932

19. UNDERTAKER (ADDRESS): J H Tebken 2630 Gravois Av

20. FILED AUG - 1 1932 19 [signature] Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1932, to July 30, 1932

I last saw her alive on July 30, 1932 Death is said to have occurred on the date stated above, at 7 10 p m.

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

Cerebral Haemorrhage — Date of onset 7-21-32

82A

97

Other contributory causes of importance:

Arterio Sclerosis — unknown

Name of operation none Date of .....

What test confirmed diagnosis? Cause 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) [signature], M. D.

(Address) 2711 Gravois St Louis Mo