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.

SEP 26 1932

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

Do not use this space.
27116

1. PLACE OF DEATH
92 County St Charles — Registration District No. 757 — File No.
4 Township St Charles — Primary Registration District No. 3036 — Registered No. 140
8 City — (No. 1720, Trendley St. Ward)

2. FULL NAME Loretta Eisenbath
(a) Residence, No. 1720 Trendley ave 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: Female
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: Henry Eisenbath

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feby. 18 - 1908

7. AGE: YEARS 24 — MONTHS 6 — DAYS 3 — If LESS than 1 day, ...hrs. or ....min.

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.: 235
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): Portage Des Sioux Mo

FATHER
13. NAME: William Vogt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany. 10

MOTHER
15. MAIDEN NAME: Louise Colomes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis County Mo.

17. INFORMANT (ADDRESS): Henry Eisenbath 1720 Trendley.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Francis Cem. DATE Aug 23, 1932

19. UNDERTAKER (ADDRESS): H L Dallmyer & Sons 60 800 N. 2nd St.

20. FILED 8/23, 1932 Hy G. Bloebaum Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19...
I last saw her alive on Aug. 19, 1932. Death is said to have occurred on the date stated above, at 6.10 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
Bilateral	
23 X	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) Vincent A. Schneider, M. D.
(Address) St. Charles Mo