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.

NOV 28 1932

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

Do not use this space.

33457

1. PLACE OF DEATH
County St. Louis
Township Central
~~City~~ St. Louis (No. Clo, St. Ward)

Registration District No. 790
Primary Registration District No. 6033

File No.
Registered No.

2. FULL NAME Kathrine Tilsinger
(a) Residence, No. 62 Arundel Pl. 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*) Widowed
5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Henry Tilsinger
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 6, 1850
7. AGE Years 82 Months 1 Days 13 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. at Home
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) Germany 10

FATHER
13. NAME Elias Ernst 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Margaret Hilig
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Ernst Wetterroth 62 Arundel Pl.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE Oct. 21 1932
19. UNDERTAKER (ADDRESS) A. Kron Und. Co. 2707 N. Grand
20. FILED Oct. 21, 1932 Ken Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 19, 1932
22. I HEREBY CERTIFY, That I attended deceased from October 13, 1932 to October 19, 1932
I last saw her alive on October 19, 1932. Death is said to have occurred on the date stated above, at 4:25 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
93 C Pyelitis	Oct. 12
133 A	

Other contributory causes of importance: 93 C (1)

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) A. G. Schlossstein, M. D.
(Address) 3153 Longfellow Blvd.