

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

Do not use this space.

37905

1. PLACE OF DEATH

County _____ Registration District No. 7871
Township _____ Primary Registration District No. 90123
City St. Louis Mo. (No. _____) Sanitarium _____ St. _____ Ward _____

File No. _____
Registered No. 10614
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1027 1/2 Eymann St., 13 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 18, 1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>63</u>	<u>3</u>	<u>11</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Housework</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>235</u>
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	<u>18</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

MOTHER FATHER 13. NAME Unknown

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT William T. Gittel M.D. (ADDRESS) 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE North Massas DATE 12-3 1932

19. UNDERTAKER W. Schumacher (ADDRESS) 3013 Marquette

20. FILED NOV 30 1932 Max C. Starck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/29/32 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1932, to Nov 29, 1932
I last saw her alive on Nov 29, 1932. Death is said to have occurred on the date stated above, at 3 P. m.

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

ac. Urinary cystitis Date of onset 11/20/32

1250
162 / 155

Other contributory causes of importance: Senility

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? 1

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1932

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 no

(Signed) William T. Gittel, M. D.
(Address) 5400 Arsenal St.

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.

