

Cs 0624

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

Do not use this space.

CO 3533 41644  
File No. ....  
Registered No. 10707  
St. .... Ward)

1. PLACE OF DEATH

County ..... Registration District No. 4821  
Township ..... Primary Registration District No. 3815  
City St. Louis (No. 3815) Carter Ave.

2. FULL NAME

(a) Residence, No. 3815 Carter Ave. St. 10 Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Charles Hagler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 4, 1859

7. AGE YEARS MONTHS DYS If LESS than 1 day, hrs. or min.  
73 3 07

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.  
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.

13. NAME Henry Weitz

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

15. MAIDEN NAME Anna Martini

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

17. INFORMANT (ADDRESS) John Reimlinger 3011 Parkin Ln.

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedberg DATE Dec. 3, 1932

19. UNDERTAKER (ADDRESS) Math. Hermany & Son 231 East Franklin

20. FILED DEC -3 1932 Ken E. Parker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1932, to Dec 1, 1932  
I last saw her alive on Nov. 30, 1932 Death is said to have occurred on the date stated above, at 11:30 A.M.

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

Lobar Pneumonia  
109  
43A / 108  
Date of onset  
9:00.  
25  
1932

Other contributory causes of importance: Acute Myocarditis

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Herman L. Reimlinger, M. D.  
(Address) 2728 N. W. St.

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.

THIS IS A PERMANENT RECORD

