

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

Do not use this space.

42111

**1. PLACE OF DEATH**

County \_\_\_\_\_  
Township \_\_\_\_\_  
City St. James

Registration District No. \_\_\_\_\_  
Primary Registration District No. 9th

File No. \_\_\_\_\_  
Registered No. 41236  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Isabelle Muerova Reuf  
(a) Residence, No. 5200 Muerova St. 6 Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 25, 1852</u>				
7. AGE	YEARS <u>80</u>	MONTHS <u>5</u>	DAYS <u>22</u>	If LESS than 1 day, _____ hrs. or _____ min.
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. _____			
	10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation <u>131</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Livonia, Ind.</u>				
FATHER	13. NAME <u>Peter C. Hengate</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>			
MOTHER	15. MAIDEN NAME <u>Heida Jane Love</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mercer Co. Kentucky</u>			
17. INFORMANT (ADDRESS) <u>Mrs. M. Belzack, 5200 Page St. St. J.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Matthew</u> DATE <u>12/19/32</u>				
19. UNDERTAKER (ADDRESS) <u>Bensick - Nichols, 1103 E. N. 6th St. St. J.</u>				
20. FILED _____ 19 _____				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1932, to Dec. 17, 1932  
I last saw him alive on Dec. 16, 1932. Death is said to have occurred on the date stated above, at 10 m.  
The principal cause of death and related causes of importance were as follows:

<u>Myocarditis (chronic)</u>	Date of onset <u>12/1/31</u>
<u>Arteriosclerosis</u>	
<u>131</u>	
Other contributory causes of importance:	
<u>Thrombo-phlebitis</u>	
<u>Chronic Bronchitis</u>	
<u>Chronic nephritis</u>	

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Laboratory 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. J. Johnson, M. D.  
(Address) 2435 N. Grand Ave

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.

