

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

Do not use this space.

3390

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. RDW 35
City St. Louis (No. 4440 Lindell)

File No.....
Registered No. 289
St. Ward)

2. FULL NAME

(a) Residence, No. St., 19 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. 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 <u>Eugene Straess</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 29-1864</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>8</u>	DAYS <u>10</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>at home</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.....	

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) MO.

13. NAME Wm. Einstein

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

15. MAIDEN NAME Sophie Rothschild

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

17. INFORMANT Aug Straess
(ADDRESS) 4440 Lindell

18. BURIAL, CREMATION, OR REMOVAL
PLACE Int. Sinai Cem DATE Jun. 10 1935

19. UNDERTAKER H. Rindskopf
(ADDRESS) 246 Delmar

20. FILED JAN -9 1935
Ray E. Anderson
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from September 1931, to January 9, 1935
I last saw her alive on January 9, 1935 Death is said to have occurred on the date stated above, at 1:40 a m.

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

Acute cardiac dilatation Date of onset 1/9/35
Chronic myocarditis

Name of operation..... Date of.....
What test confirmed diagnosis? Clinical 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) Leo Tuholske, M. D.
(Address) 453 N. Taylor

WHITE 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.

