

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

Do not use this space.

7618

1. PLACE OF DEATH

County
Township *St. Louis*
City *St. Louis* (No. *St. Anthony, Gaspart*)

791
1000

Registration District No.
Primary Registration District No.

File No. *1577*
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. *5411 Alaska* ave. *15* Ward. (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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July 15, 1876</i>		
7. AGE	YEARS	MONTHS
<i>1</i>	<i>56</i>	<i>6</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
<i>Teacher</i>		<i>Teacher</i>
10. Date deceased last worked at this occupation (month and year) <i>Feb. 14, 33</i>		11. Total time (years) spent in this occupation <i>33</i>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Waterloo, Illinois</i>		
13. NAME <i>Rau, Peter</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Columbia, Illinois</i>		
15. MAIDEN NAME <i>Niggenaber, Frances</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Westphalia, Germany</i>		
17. INFORMANT <i>Sister M. Eulodia</i> (ADDRESS) <i>5411 Alaska ave</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Nazareth</i> DATE <i>Feb. 16, 1933</i>		
19. UNDERTAKER (ADDRESS) <i>Wm. F. ... + Sons</i> <i>5401 S. Grand</i>		
20. FILED <i>FEB 15 1933</i> <i>Max C. Starkoff</i> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *February 12, 1933*

22. I HEREBY CERTIFY, That I attended deceased from *February 4, 1933*, to *February 13, 1933*, 19*33*
I last saw her alive on *February 13, 1933*. Death is said to have occurred on the date stated above, at *8:30* m.
The principal cause of death and related causes of importance were as follows:
Myocarditis chronic with Valvular insufficiency
121 32 A / 31 10 years by history
930
Other contributory causes of importance:
Nephritis Interstitial chronic

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) *E. G. Jacoby* M. D.
(Address) *3606 Francis St. Louis*

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.

Frank
3606 Stravoids

Pro. 6000-

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