

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **781**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No. De Pauls Hospital) St. Ward)

File No.
 Registered No. **14549**
 3907

2. FULL NAME

(a) Residence, No. 6341 Audrey Ave. St. 6 Ward. St. Louis Co. Mo.
 (Usual place of abode) (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 Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harry J. Ayers
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 14, 1876
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 8 14

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
 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 Missouri

MOTHER FATHER
 13. NAME Henry Reichenman

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

15. MAIDEN NAME Margaret Schiner

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

17. INFORMANT Mrs. Harry J. Ayers
 (ADDRESS) 6341 Audrey

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Cem. DATE May 1 1933

19. UNDERTAKER Geo. L. Pleitach, Inc.
 (ADDRESS) 5966 Eastman Ave.

20. FILED MAY - 1 1933

F. Bledsoe
 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-6- 3 to 4-28- 3 1933

I last saw him alive on 4-27- 1933 Death is said to have occurred on the date stated above, at 12:30 a.m.

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

acute adenomatous colitis
gastric
 Other contributory causes of importance: 666
pernicious anemia

Name of operation Removal of Date of 4-28-33

What test confirmed diagnosis? 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 70

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. H. Thompson, M. D.
 (Address) 370 1/2 W. ...

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.

23
 10
 10

Dr. J. W. Johnson

3701 West 21st, No. 3

Leave at his office in
morning.

From before 6585

at Alvarado