

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

Do not use this space.

17973

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 7003
City St. Louis, Mo. (No. 5316 Harney Ave)

File No.....
Registered No. 4172
St. Ward)

2. FULL NAME Marguerite Rheine

(a) Residence, No. 5316 Harney Ave St. 7 Ward.

(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. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 1

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 4 - 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 4 5

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.

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) Germany

MOTHER 13. NAME Wm Laker

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

15. MAIDEN NAME Not known

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

17. INFORMANT Anna Rheine (ADDRESS) 5316 Harney Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE New Pickers DATE May 12, 1933

19. UNDERTAKER W. J. Reidner Mfg. Co (ADDRESS) 1112 N. Market St

20. FILED 10 1933 19 W. J. Reidner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9 19 33

22. I HEREBY CERTIFY, That I attended deceased from 19/2, to 19/3

I last saw h. alive on 8-23-9, 19 33 Death is said to have occurred on the date stated above, at 2:30 p.m.

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

Myocardial Sclerosis Date of onset

920

Other contributory causes of importance

Name of operation Date of

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

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Fractured Ribs (Signed) W. J. Reidner, M. D.

(Address) 429 1/2 Wackerly St

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.

Dr. H. H. H. H.

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