

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

Do not use this space.

18280

**1. PLACE OF DEATH**

County.....

Registration District No. *701*

Township.....

Primary Registration District No. *38*

City *St. Louis* No. *St. Lukes Hospital*

File No. ....

Registered No. **4502**

**2. FULL NAME** *Elsie Louise Kistingbury*

(a) Residence, No. *7036 Pershing* St. *120* Ward. *St. Louis 90. Mo*  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *13* 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 *Henry G. Kistingbury*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Apr 22 1884*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*49 1 -*

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) *Dane Co. Wis.*

MOTHER / FATHER 13. NAME *William Fichlandt*

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

15. MAIDEN NAME *Fredricka Reiss*

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

17. INFORMANT *Henry G. Kistingbury* (ADDRESS) *7036 Pershing*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Madison, Wis.* DATE *May 23 1933*

19. UNDERTAKER *Oliver and Sons* (ADDRESS) *6145 Delmar*

20. FILED *1933* *J. J. Bredeck* Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 22 1933*

22. I HEREBY CERTIFY, That I attended deceased from *Oct. 24 1930* to *May 22 1933*

I last saw her alive on *May 22 1933* Death is said to have occurred on the date stated above, at *5 P. M.*

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

*cerebral hemorrhage* Date of onset *5-22-33*  
*Chr. Interstitial nephritis* *1930*

*131 Hypertension*

*4 of 8* Other contributory causes of importance *102 / 31*

Name of operation *none* Date of *-*

What test confirmed diagnosis? *none* 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) *Edwin P. Meiners*, M. D.

(Address) *6600 Delmar Blvd*

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.

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Dr. C. P. Meiners  
6600 Delmar