

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.

**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. 91  
 Township..... Primary Registration District No. 123  
 City St. Louis Mo. (No. 32302 Nebraska Ave.)

File No. 21682  
 Registered No. 5481  
 St. .... Ward)

**2. FULL NAME**

Louisa Reiner  
 (a) Residence, No. 32302 Nebraska St. MT Ward.

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. (If nonresident, give city or town and State)

**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  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10-1847.  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
85 11 12  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife  
 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) St. Louis Mo.

MOTHER FATHER 13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Wm. C. Reiner (ADDRESS) 32302 Nebraska Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE June 24 1933

19. UNDERTAKER Ziegenhagen Bros. (ADDRESS) 2623 Cherokee St.

20. FILED JUN 24 1933 J. F. Prieduck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22 - 1933

22. I HEREBY CERTIFY, that I attended deceased from Jan 17 1933, to June 22 1933  
 I last saw her alive on June 22 1933. Death is said to have occurred on the date stated above, at 8:05 P.M.

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

Chronic myocarditis Date of onset  
arteriosclerosis  
186 A  
194 B  
92 C  
 Other contributory causes of importance:  
Fracture of the left hip on June 18th 1933

Name of operation Quin's 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? Accident Date of injury June 18, 1933

Where did injury occur? In own home (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fall out of bed.

Nature of injury Fracture of left hip.

24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify No.

(Signed) H. P. Gray, M. D.  
 (Address) 2905 Cherokee St.

