

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

Do not use this space.

31195

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **791**
 City..... **St. Louis** No. **3219** **Russell Boul** St. Ward)

File No.
 Registered No. **7891**

2. FULL NAME

(a) Residence, No. **3219 Russell Bl** St., **16** Ward.
 (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 **Henry Alweil**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **10/5/1848**

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, hrs. or min.
	85	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) **Baranau, Germany**

13. NAME **Andreas Hausladen**

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

15. MAIDEN NAME **Maria Jellner**

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

17. INFORMANT **Henry Alweil**
 (ADDRESS) **3219 Russell Boul**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bethany Cent** DATE **9/13**, 19**33**

19. UNDERTAKER **Meek & Dickman**
 (ADDRESS) **3039 East**

20. FILE **Sept 11**, 19**33** **J. Brebeck**
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 10**, 19**33**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 8**, 19**33**, to **Sept 11**, 19**33**

I last saw h..... alive on **Sept 10**, 19**33** Death is said to have occurred on the date stated above, at **3:45** p. m.

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

Chronic myocarditis 8-8-37
131

9.3C
131

Other contributory causes of importance **Chronic Interstitial Nephritis**

Name of operation **None** 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? **No** 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? **None**
 If so, specify.....

(Signed) **Philip Schuck**..... M. D.
 (Address) **1703 Spruce**

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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