

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

Do not use this space.

31640

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... **St. Louis** Primary Registration District No. **1003** File No. **8357**
 City..... **St. Louis** (No. **3210 Arsenal St**) Registered No. **8357** St. Ward

2. FULL NAME

(a) Residence, No. **3210 Arsenal St.** Ward. **16** (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 <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF - <i>E. Reisinger</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov. 4, 1875</i>		
7. AGE	YEARS <i>58</i>	MONTHS <i>10</i>
	DAYS <i>21</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>	11. Total time (years) spent in this occupation
	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)	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Michigan</i>	
	13. NAME <i>Christ Stumm</i>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
	15. MAIDEN NAME <i>unknown</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ohio</i>	
17. INFORMANT (ADDRESS) <i>E. Reisinger 3210 Arsenal St</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Cedar Springs Michigan</i> DATE <i>Sept 27, 1933</i>		
19. UNDERTAKER (ADDRESS) <i>Thos. Curtis 21216 Griggs ave SEP 26 1933</i>		
20. FILED <i>J. Bredeck</i> Registrar.		

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 25, 1933*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 6, 1933* to *Sept 25, 1933*
 I last saw her alive on *Sept 25, 1933*. Death is said to have occurred on the date stated above, at *7:30 p.m.*
 The principal cause of death and related causes of importance were as follows:
Broncho-pneumonia Date of onset *Sept 21, 33*
127 B
95 C
127 A
 Other contributory causes of importance:
Hypertensive heart disease sev. yrs.
Cholelithiasis chronic sev. yrs.
 Name of operation *cholecystotomy* Date of *Aug 25, 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

24. Was disease or injury in any way related to occupation of deceased? *no*
 If so, specify *L. Harrison* M. D.
 (Signed) *L. Harrison* (Address) *601 Univ. Club Bldg*

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.

OCT 20 1933

2:25
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10
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