

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

Do not use this space.

*Original sent to  
J. of City.*  
File No. **34347**  
Registered No. **279**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County St. Louis  
Township Central  
City Edmund (No. 215-6)

Registration District No. 289  
Primary Registration District No. 6099B

**2. FULL NAME**

Maddalena P. Listmann  
(a) Residence. No. 2145 Edmund St. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-12-186X

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
68 10 25

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work N.Y. 219A  
(b) General nature of industry, business, or establishment in which employed (or employer) 50  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Wm.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Mary Kautz

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Mrs. C. J. Bentig  
(Address) 15-31 Meade St.

15. FILED 10/8 1933 Rolla Gray M.D. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct-7- 1933

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_ that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_, and that death occurred, on the date stated above, at 11.53 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Automobile Accident - while riding as passenger in private auto of which I held with another auto on public highway (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Fractured T12 vertebrae (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED St. Louis

IF NOT AT PLACE OF DEATH DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? Phys Signs and X-ray  
(Signed) J. H. O'Connell M. D.

10/8 1933 (Address) Overland - Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Jacobs - Ill. DATE OF BURIAL 10-10-1933

20. UNDERTAKER Geo. L. Pleitner ADDRESS 5766 Weston

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.

NOV 10 1933

WHILE EXACTLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

