

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.

JAN 20 1934

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

Do not use this space.

2396

1. PLACE OF DEATH

County St. Louis
Township Bonhomme
City Northwood (No. 823 Evans)

Registration District No. 785
Primary Registration District No. 3037

File No. 1
Registered No. 30
St. _____ Ward _____

2. FULL NAME Lydia P. Rieth

(a) Residence, No. 823 Evans Ave St. _____ Ward _____
(Usual place of abode)

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 ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jacob Rieth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-30-1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 4 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) Mo

13. NAME John Schmaufer

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

15. MAIDEN NAME Minnie Schitta

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

17. INFORMANT Jacob Rieth (ADDRESS) 823 Evans Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Graves Cem DATE 1-4-1934

19. UNDERTAKER Louis H. Bopp (ADDRESS) Northwood

20. FILED 1-3 1934 Donald J. Ingle Registrar.

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-1-1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1933 to Jan. 1, 1934

I last saw h. alive on Jan 10, 1934. Death is said to have occurred on the date stated above, at 3:50 A. M.

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

Carcinoma of gall bladder with ascites
Chronic cholecystitis
Gall stones
Date of onset _____

Name of operation exploratory laparotomy Date of _____ 11-6-33
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? _____
If so, specify _____

(Signed) W. J. Worth M. D.

(Address) Northwood Mo.

