

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

Do not use this space.

APR 25 1934

1. PLACE OF DEATH

County..... Registration District No. 79R
 Township..... Primary Registration District No. 1003
 City Saint Louis (No. Missouri Baptist Hosp) St. Ward)

File No. 10587
 Registered No. 2405

2. FULL NAME Alvina W. Klefisch

(a) Residence, No. 5853 Minerva Ave St. 6 Ward. (If nonresident, give city or town and State)
 (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widow</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan, 14th, 1861</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>1</u>	DAYS <u>13</u>
If LESS than 1 day,hrs. ormin.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>	
	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.....		

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Saint Louis</u>
	13. NAME <u>John Wildberger</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Minnie Kaiser</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>
17. INFORMANT <u>W. Klefisch</u> (ADDRESS) <u>4556 Tholozan Ave</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Matthews</u> DATE <u>Mar 10th, 1934</u>	
19. UNDERTAKER <u>Robert J. Aulandsta Fire</u> (ADDRESS) <u>6633 Clayton Road</u>	
20. FILED <u>J. Bredeck</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

5

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7th, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1933 to March 7, 1934

I last saw him alive on Mar 7, 1934 Death is said to have occurred on the date stated above, at 11.15P.

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

Acute Cardiac Decompensation Date of onset 3-5-34
Cirrhosis of Liver (with ascites) 5 yrs
Chronic Myocarditis 5 yrs
Chronic Nephritis 12 yrs

Other contributory causes of importance: ascites

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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.....

(Signed) N. P. Mistachkin, M. D.

(Address) 1259 N. Kingshighway Blvd

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.

