

DEC 13 1934

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

Do not use this space.

38044

1. PLACE OF DEATH

County Registration District No. 575
Township Primary Registration District No. 100
City St. Louis (No. 5347 Northland Ave. St. Ward)

File No.
Registered No. 10535 St. Ward)

2. FULL NAME

Sorothy Raabung
(a) Residence, No. 5347 Northland Ave., St. 6 Ward.

(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) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20th 1843
7. AGE YEARS 91 MONTHS 5 DAYS 11 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) Germany

13. NAME John Sidentopf

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

15. MAIDEN NAME Not known

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

17. INFORMANT Mrs. Lizzie Schelke
(ADDRESS) 5347 Northland Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethany DATE Nov. 3rd 1934

19. UNDERTAKER H. J. Leidner and Co.
(ADDRESS) 1417 N. Market St.

20. FILED NOV - 1 1934 19 J. H. Bredek Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31st 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 - - 1934, to Oct 30 - - 1934
I last saw him alive on Oct 30 - - 1934 Death is said to have occurred on the date stated above, at 8 - A. m.

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

Chronic myocarditis and mitral insufficiency which resulted in dilatation of myocardium. Date of onset

Other contributory causes of importance:
Smoking 926 9315 1022

Name of operation None Date of
What test confirmed diagnosis Phys Exam 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? No
If so, specify

(Signed) J. P. Murphy M. D.
(Address) 2416 W. Northland Ave. St. Louis

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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