

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

Do not use this space.

MAR 1935

1. PLACE OF DEATH
 County St. Charles Registration District No. 757
 Township Primary Registration District No. 3036
 City St. Charles (No. St. Joseph's Hospital) St. Ward
 Registered No. 2599
 Registered No. 5
 2. FULL NAME Alvina Rischke
 (a) Residence, No. Tarenton Mo 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank Rischke</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 24 1891</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>10</u>
	DAYS <u>15</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Charles Mo</u>		
MOTHER	13. NAME <u>Herman Messer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fordville Hallam</u>	
	15. MAIDEN NAME <u>Fordina Hallam</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Berry</u>	
17. INFORMANT <u>Rev. Herbert O. Rose</u> (ADDRESS) <u>Wamont Mo</u>		
18. BURIAL - CREMATION - OR REMOVAL PLACE <u>Wamont Mo</u> DATE <u>1/15</u> 19 <u>35</u>		
19. UNDERTAKER <u>F.W. Nubling</u> (ADDRESS) <u>Wamont Mo</u>		
20. FILED <u>19</u> 19 <u>35</u> <u>Clarence G. Hessler</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/4 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1935, to Jan 9, 1935.
 I last saw him alive on Jan 9, 1935. Death is said to have occurred on the date stated above, at 7:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Intestinal obstruction
46
 Other contributory causes of importance:
Carcinoma sigmoid

Name of operation Exploratory Date of Jan 8 1935
 What test confirmed diagnosis? Was there an autopsy? N.

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 St. Charles, M. D.
 (Signed) St. Charles Mo.
 (Address) 505 Clark St. Charles Mo.

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.

