

APR 9 1935

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**City **St. Louis**(No. **1736a** Pennsylvania Ave.)

File No.

11131

Registered No.

2767

St. Ward)

2. FULL NAME

Regina Kisro(a) Residence, No. **1736a Pennsylvania Ave.** Age. **23** 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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF**Richard Kisro**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Mar. 4, 1912.

7. AGE

YEARS

53

MONTHS

--

DAYS

20If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.**At home**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.

FATHER

13. NAME

John Gysbers.

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Holland.

MOTHER

15. MAIDEN NAME

Katie Gangler.

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Germany.

17. INFORMANT

(ADDRESS)

**Richard Kisro
1736a Pennsylvania Ave.**

18. BURIAL, CREMATION, OR REMOVAL

New St. Peter & Paul PLACE DATE **Mar. 27, 1935.**

19. UNDERTAKER

(ADDRESS)

**J. H. Gibbons, L. & Co.
2842 Keramec St.**

20. FILED

MAR 25 1935**J. W. Brudeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Mar. 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from

March 15, 1935, to March 24, 1935I last saw h. alive on **Mar. 24, 1935** Death is saidto have occurred on the date stated above, at **1:15 P.** m.

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

Date of onset

Septic Intermittent**120**

Other contributory causes of importance:

**Streptococcus fecalis
pathological findings, negative
for typhoid, paratyphoid and
dysentery group**

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?

If so, specify

(Signed) **Richard H. Fikeman**, M. D.(Address) **4247 S. Grand**

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.

