

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.

JUN 12 1935

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

Do not use this space.

18425

1. PLACE OF DEATH

County ..... Registration District No. **1003**  
Township ..... Primary Registration District No. ....  
City St. Louis (No. 3334 1/2 North 11th Street) St. .... Ward)

File No. ....  
Registered No. 4779  
St. .... Ward)

2. FULL NAME

(a) Residence, No. 3334 1/2 North 11th St. 26 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 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 Michael Shirvell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 21, 1865

7. AGE YEARS 69 MONTHS 9 DAYS 6 If 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) Illinois

FATHER 13. NAME Wm Reiderberger

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

MOTHER 15. MAIDEN NAME Muna Hale

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

17. INFORMANT Michael Shirvell (ADDRESS) 3334 1/2 N. 11th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Trindora DATE May 31, 1935

19. UNDERTAKER Math Hermann (ADDRESS) 316 East Beiglin

20. FILED J.P. Bredeck Registrar.

MAY 30 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from May, 1935, to May 27, 1935

I last saw him alive on May 27, 1935. Death is said

to have occurred on the date stated above, at 7:00 P m.

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

Chronic Myocarditis.  
Respiratory Failure

Other contributory causes of importance: 93C

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) Joe Kessler, M. D.

(Address) 3804 714th St.

