

WRITE CLEARLY, 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.

JUL 27 1935

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

Do not use this space.

24699

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1003**
City **St. Louis** No. **3624 Virginia** St. _____ Ward _____

File No. _____
Registered No. **6129**
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. **3624 Virginia** St. **16** Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **66** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 **Frank Altman**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7-16 1935**
22. I HEREBY CERTIFY, That I attended deceased from **13 July 1935**, to **15**, 19**35**
I last saw her alive on **15**, 19**35**. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 1869 unknown**

to have occurred on the date stated above, at **1 P.** m.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS **66** MONTHS _____ DAYS _____
IF LESS than 1 day, _____ hrs. or _____ min.

Diabetes Mellitus Date of onset _____

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

Other contributory causes of importance: **59**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**

Name of operation **gangrene Diabetes miledis** Date of _____

13. NAME **W. Rexa**

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

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Czechoslovakia**

15. MAIDEN NAME **unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**

17. INFORMANT **Frank Altman** (ADDRESS) **3624 Virginia St.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Interment** DATE **7-19 35**

19. UNDERTAKER **H. C. Maydell** (ADDRESS) **1726 J. Allen Dr.**

20. FILED **JUL 27 1935** **J. F. Bredeck** Registrar.

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) **Reinhold Bassler**, M. D.
(Address) **3314 S Grand Ave.**

REINHOLD BASSLER

Dr. Parker