

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

Do not use this space.

SEP 16 1935

28221

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. 3900, Kennel)

Registration District No. 1791
Primary Registration District No. 1003

File No.....
Registered No. 7360
St. Ward)

2. FULL NAME

(a) Residence, No. 3900 Kennel St., 11 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F. ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Luther Resinger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 11 20

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. Home
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) Jellman

13. NAME Brewell Hutchins

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

15. MAIDEN NAME Caroline Lanon

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

17. INFORMANT Luther Resinger
(ADDRESS) 3900 Kennel

18. BURIAL, CREMATION, OR REMOVAL
PLACE Frederick DATE 8/31, 1935

19. UNDERTAKER Pronest Und. Co.
(ADDRESS) 3712 N. Jackson Blvd.

20. FILED AUG 30 1935
J. J. Bredeck
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mich 27, 1935 to Aug 29, 1935
I last saw her alive on Aug 28, 1935. Death is said to have occurred on the date stated above, at 4 A. m.

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

Cardio Renal
Vascular
Diabetes

Name of operation..... none Date of.....
What test confirmed diagnosis?..... none Was there an autopsy?..... no

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 no
(Signed) W. Osborn, M. D.
(Address) H. B. H. Jellman

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.

Dr. Presnell
4541 Declan
9.12.11 A.M.