

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

Do not use this space.

OCT 23 1935

**791
1003**

31073

1. PLACE OF DEATH

County Registration District No.
Township St. Louis Primary Registration District No.
City St. Louis (No. 2145, Maubury St. - St. Ward)

2. FULL NAME

Katherine Tengler
(a) Residence, No. 2145 Maubury St., 24 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth: 21 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

OCCUPATION	3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>		
	5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Johan Tengler</u>				
	6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 26 1856</u>				
	7. AGE	YEARS <u>79</u>	MONTHS <u>1</u>	DAYS <u>23</u>	If LESS than 1 day, hrs. or min.
	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>Germany</u>				
	FATHER	13. NAME <u>Leonard Reis</u>			
		14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
MOTHER	15. MAIDEN NAME <u>Unknown</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>				
17. INFORMANT (ADDRESS) <u>Henry Tengler 2145 Maubury</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New St. Marcus Sept 20, 1935</u>					
19. UNDERTAKER (ADDRESS) <u>Thorslutis 2906 Exchange av.</u>					
20. FILED <u>SEP 18 1935</u> 19 <u>St. Bredeck</u> Registrar.					

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Sept 17</u> 19 <u>35</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>April 18</u> , 19 <u>34</u> , to <u>Sept 14</u> , 19 <u>35</u> I last saw her alive on <u>Sept 14</u> , 19 <u>35</u> . Death is said to have occurred on the date stated above, at <u>10:50 p.m.</u> The principal cause of death and related causes of importance were as follows: <u>Cancerous of Rectum</u> <u>1/6</u> Other contributory causes of importance: <u>Myocarditis chronic</u>
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? <u>no</u> If so, specify (Signed) <u>Walter D. Rubin</u> M. D. (Address) <u>1800 S. Broadway</u>

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

