

NOV 21 '935

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

Do not use this space.

32928

1. PLACE OF DEATH

County Jackson Registration District No.
Township 1st Primary Registration District No.
City St. Louis (No. 1822 East 7th St.) Registered No.
St. 12 Ward)

2. FULL NAME

Adolph Rewaldt
(a) Residence, No. 1822 East 7th St. 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 <u>male</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb - 6 - 1862</u>		
7. AGE	YEARS	MONTHS
	<u>73</u>	<u>8</u>
		DAYS
		<u>22</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>street clean</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>ing, Dept.</u>	
	10. Date deceased last worked at this occupation (month and year).....	
	11. Total time (years) spent in this occupation.....	

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	13. NAME <u>Mary Rewaldt</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>No Record</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
	17. INFORMANT (ADDRESS) <u>Albert Rewaldt</u> <u>4120 Indiana, ave</u>
FATHER	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill</u> DATE <u>Oct - 30 - 1935</u>
	19. UNDERTAKER (ADDRESS) <u>Mrs. C. L. Foster</u> <u>718 Broadway, St. Louis</u>
	20. FILED <u>10/29 1935</u> <u>M. H. Crowe</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct - 28 - 1935
22. I HEREBY CERTIFY, That I attended deceased from Oct. 12 1935, to Oct 27 1935
I last saw him alive on Oct 27 1935 Death is said to have occurred on the date stated above, at 7:30 AM
The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia Date of onset 10-25

Other contributory causes of importance:
Chronic Myocarditis

Name of operation None Date of
What test confirmed diagnosis? Chemical 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? No
If so, specify
(Signed) W. R. Foster , M. D.
(Address) 1529 Leides Ave.

WRITE PLAINLY, 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.

— 2022 年 12 月 31 日