DEC 12 1935

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

Do not use this space.

37478

ISOLATION HOSPITAL

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City Saint Louis (No. ....., ... St. ..... Ward)

File No. 9444

Registered No. .....

2. FULL NAME Lottie Kirsch

(a) Residence, No. 4461 Dewey St., 15 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert Kirsch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25, 1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	45	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marker & Assorter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Anchor Laundry

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) Missouri

FATHER

13. NAME William Donnelly

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

MOTHER

15. MAIDEN NAME ?

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

17. INFORMANT (ADDRESS) A E Reilly 5600 Arsenal

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Trinity Lith. Cem. DATE Nov. 11, 1935

19. UNDERTAKER (ADDRESS) C. Hoffmeister U. & L. Co. 7814 So. Broadway

20. FILED NOV 11 1935, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1935, to Nov 7, 1935

I last saw her alive on Nov 7, 1935. Death is said to have occurred on the date stated above, at 10:P m.

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

Endocarditis Vegetative — Date of onset

Multiple Infarcts of Spleen

" " Kidney

" abscesses of Myocardium

Infarct of Brain

Other contributory causes of importance:

Mitral Stenosis

Name of operation ..... Date of .....

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

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) Henry J Ulrich, M. D.

(Address) 5600 Arsenal

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.

100M-11-24-33

MAR 25 1955