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

DEC 12 1935

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

791

Do not use this space.

38055

1. PLACE OF DEATH
County St Louis — Registration District No. 1003 — File No. 10070
Township — Primary Registration District No. — Registered No.
City St Louis Mo (No. Little Sisters of Poor St. Ward)

2. FULL NAME Theresa Oestrich
(a) Residence, No. 3400 So. Grand 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 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 2nd 1870
7. AGE: Years 65 Months 3 Days 27 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (month and year): Nov. 1933
11. Total time (years) spent in this occupation: 45 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Edwardsville Illinois

FATHER
13. NAME: Aloysius Oestrich
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

MOTHER
15. MAIDEN NAME: Katherine Schwartz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

17. INFORMANT: Ray C. Schramek
(ADDRESS) 2351 Gillham St. Edwardsville Ill

18. BURIAL, CREMATION, OR REMOVAL
PLACE Edwardsville Ill. DATE Dec. 2nd 1935

19. UNDERTAKER: W. A. Shrupshire
(ADDRESS) Edwardsville Ill.

20. FILED NOV 30 1935 19.... J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1935, to Nov 29 1935, I last saw her alive on Nov. 29 1935. Death is said to have occurred on the date stated above, at 1030 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	11/1/35
Arterio Sclerosis	11/1/35

Other contributory causes of importance:

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?.....
If so, specify.....
(Signed) W. H. Grant, M. D.
(Address) 3661 S. Grand