

APR 11 1936

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 2521 So. Kingshighway)
Registered No. 13068
Ward 3139

2. FULL NAME

Lisette Hertel
(a) Residence, No. 2521 So. Kingshighway 13 (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 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) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9-1865
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
70. 9. 12.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Dresden Germany13. NAME Unknown Drespel14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME unk. family16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Margaret Hertel
(ADDRESS) 2521 So. Kingshighway18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcellus 3-240319. UNDERTAKER C. R. Lupton Sons
(ADDRESS) 4449 Olive St.20. FILED J. Briedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar-21, 193622. I HEREBY CERTIFY, That I attended deceased from Mar 5, 1936, to Mar-21, 1936I last saw her alive on Mar-21, 1936. Death is saidto have occurred on the date stated above, at 7:30 P.

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

Chronic MyocarditisChronic Parenchymatous NephritisOther contributory causes of importance: 131

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

What test confirmed diagnosis? Urinalysis 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) J. Briedeck, M. D.(Address) 6022 Olive Blvd

MAR 23 1936

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.

