

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St Louis (No. Christian Hospital)

MAY 7 1936 791
Registration District No.....
Primary Registration District No. **1003**

File No. **17421**
Registered No. **4191**
St. Ward)

2. FULL NAME

(a) Residence, No. Owensville mo. N.P. Ward. Owensville mo.
(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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fred Idel</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 22nd 1894</u>		
7. AGE	YEARS <u>42</u>	MONTHS <u>1</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>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>Illinois</u>				
MOTHER	13. NAME <u>John Miller</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>			
	15. MAIDEN NAME <u>Reta Eckert</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
17. INFORMANT (ADDRESS) <u>Fred Idel Owensville Missouri</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Owensville MO</u> DATE <u>April 17th 1936</u>				
19. UNDERTAKER (ADDRESS) <u>Albert H. Weiss 200 K 29 North Euclid Ave.</u>				
20. FILED 19 <u>APR 16 1936</u> Registrar <u>J. F. Bredeck</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14th 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 11, 1936, to Apr 14, 1936
I last saw her alive on Apr 14, 1936 Death is said to have occurred on the date stated above, at 10:20 AM.
The principal cause of death and related causes of importance were as follows:
Pneumonia lobar. Date of onset Apr 9th
100
Other contributory causes of importance:
Intermittent Nephritis 2 yrs.

Name of operation no Date of.....
What test confirmed diagnosis? clinical 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?.....
If so, specify.....
(Signed) Geo. Amellis M. D.
(Address) 2743 N Grand

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.

APR 16 1936

