MAY 7 1936

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

Do not use this space.

17734

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City ST. Louis, Mo (No. 500 S. Kingshighway St. ..... Ward)

File No. 4517

Registered No. .....

2. FULL NAME Jacqueline Rittenberg

(a) Residence, No. 4534 N. Market St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15 - 1931

7. AGE: YEARS 5 MONTHS 3 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) ST. Louis, Mo.

FATHER

13. NAME Berthold Rittenberg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. Louis, Mo.

MOTHER

15. MAIDEN NAME Octavia Thavonat

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. Louis, Mo.

17. INFORMANT (ADDRESS) J. Thiehoff 500 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE Apr 27 1936

19. UNDERTAKER (ADDRESS) A. Kron L & U Co 2707 N. Grand

20. FILED APR 25 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/24, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/31, 1936, to 4/24, 1936

I last saw her alive on 4/24, 1936 Death is said to have occurred on the date stated above, at 11 a.m.

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

Lobar pneumonia - left, Empyema - pneumococcus following (left) Lobar Pneumonia ~~for~~ Operation for the Empyema

Date of onset 3-31-36

Other contributory causes of importance:

108

Name of operation Thoracostomy Date of 4-17-36

What test confirmed diagnosis? — 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) R J Blattner, M. D.

(Address) 500 So. Kingshighway

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.