

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

Do not use this space.

DEC 3 1936

42500

1. PLACE OF DEATH

County..... Registration District No. **1000**
Township..... Primary Registration District No.
City St. Louis (No. 5241 Robert Ave.) St. Ward)

File No.
Registered No. 10995
St. Ward)

2. FULL NAME Christina Feist

(a) Residence, No. 5241 Robert Ave. St., 1 Ward.
(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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 6 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Waterloo, (STATE OR COUNTRY) Ill.

FATHER 13. NAME Stephen Schaefer

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

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT Andrew Schaefer (ADDRESS) 5241 Robert Ave.

18. BURIAL, CREMATION, OR REMOVAL St. Ann's Park DATE Nov 5th 1936

19. UNDERTAKER John L. Ziegenhein & Sons (ADDRESS) 7027 Gravois Ave.

20. FILED NOV 4 1936 J. Thierbeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/2/36

22. I HEREBY CERTIFY, That I attended deceased 11/2/36 1936 to 11/2/36

I last saw her alive on 11/2/36 1936 Death 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:

hemiplegia (Right)
Cerebral haemorrhage Date of onset 1896

Other contributory causes of importance: 82M

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 X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John M. Pradley M. D.
(Address) 1725 Washington

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.

1/1/11

(C)

