

REC'D MAY 10 1938

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

12547
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **4119 BEETHOVEN** Registered No. **3151**
(e) Length of residence in city or town where death occurred **50** yrs. mos. ds. (f) How long in U. S., if of foreign birth **50** yrs. mos. ds.

2. PRINT FULL NAME

MARI REJDA 230
(a) Residence, No. **4119 BEETHOVEN** St. **15**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widow</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Carl Rejda</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Sept 8 - 1885</i>		
7. AGE	YEARS <i>80</i>	MONTHS <i>6</i>
	DAYS <i>24</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <i>housewife</i>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <i>at home</i>	
	10. Date deceased last worked at this occupation (month and year) <i>Dec 1937</i>	
	11. Total time (years) spent in this occupation <i>55</i>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Austria</i>		
FATHER	13. NAME <i>Clemens Markwa</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Austria</i>	
MOTHER	15. MAIDEN NAME <i>Victoria</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Austria</i>	
17. INFORMANT (ADDRESS) <i>August Roeder 4119 Beethoven</i>		
18. BURIAL, CREMATION, OR REMOVAL (PLACE AND DATE) <i>Old St. Peter's Paul April 4, 1938</i>		
19. FUNERAL DIRECTOR (ADDRESS) <i>Henry L. Weidmuller 6203 Gravois ave</i>		
20. FILED <i>APR 3 1938</i> <i>J. P. Brubaker</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr 2, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 5, 1938* to *April 2, 1938*.
I last saw him, alive on *April 1, 1938* Death is said to have occurred on the date stated above, at *4:50* a.m.
The principal cause of death and related causes of importance were as follows:

1. <i>Coronary Vascular Renal disease</i>	Date of onset
2. <i>hemia</i>	
3. <i>gangrene of foot</i>	<i>3-31-38</i>

Other contributory causes of importance:
infected

Name of operation Date of
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

Was disease or injury in any way related to occupation of deceased?
If so, specify *J. N. Schuster*, M. D.
(Signed) *J. N. Schuster*
(Address) *5401 e Gravois*

STATEMENT BY LICENSED EMBALMER

I, Henry L. Heidemann, Licensed Embalmer No. 7693

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No..... or by.....
working under my personal supervision.

Signed: Henry L. Heidemann, Registered Apprentice No.....
Licensed Embalmer No. 7693

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)