

REC'D MAR 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 791
CERTIFICATE OF DEATH 10084358
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No. Registered No. **1051**
 (c) City **St. Louis** (d) Street No. **2509 Semple Ave** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **342 Lisette Roethlisberger**

(a) Residence, No. **2509 Semple Ave** St. **6** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Ulich**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 1 1866**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 0 30
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housework**
 9. Industry or business in which work was done, as 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) **Switzerland**

FATHER 13. NAME **Alfred. Neiffenigter**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Switzerland**

MOTHER 15. MAIDEN NAME **Dont Know**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Switzerland**

17. INFORMANT **Fred. Roethlisberger**
(ADDRESS) **2509 Semple**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Oak Hill** DATE **Feb 2 1939**

19. FUNERAL DIRECTOR **Jos. W. Clark**
(ADDRESS) **1125 Hodiament Ave**

20. FILED **FEB 1 1939** **J. B. Brudick**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 30 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Nov 37** to **Jan 30 1939**
 I last saw her alive on **Jan 9 1939** Death is said to have occurred on the date stated above, at **II 45 P.M.**
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Arteriosclerosis Date of onset **11/1/39**

Other contributory causes of importance:

Myocarditis
Cholelithiasis

Name of operation **none** Date of **none**
 What test confirmed diagnosis? **none** Was there an autopsy? **NO**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **no** Date of injury **no**, 19...
 Where did injury occur? **no**
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **no**
 Nature of injury **no**

24. Was disease or injury in any way related to occupation of deceased? **no**
 If so, specify **no**
 (Signed) **Thos J. Harlan**, M. D.
 (Address) **1900 Belt - St. Louis**

Dr. Thomas J. Harlan
1900 Belt Ave.,
Ev. 0168

STATEMENT BY LICENSED EMBALMER

I, Jos. W. Clark, Licensed Embalmer No. 1661.

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Jos. W. Clark

Licensed Embalmer No. 1661.

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.)