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

Do not use this space.

31417

File No. 288

Registered No.

NOV 29 1927

1. PLACE OF DEATH
County St Louis — Registration District No. 790 — Primary Registration District No. 6033
Township
City Brentwood (No. 8950 Manchester Av. St. Ward)

2. FULL NAME Barbara Reisenleiter

(a) Residence. No. 8950 Manchester Av. St., 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~ (OR) WIFE OF Philip Reisenleiter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 8, 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
	71	2	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer) At Home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Nicholas Bohn
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Frances Zieglein
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Leslie N. Berdy
(Address) 8950 Manchester Av.

15. FILED 10/24 1927 J. B. Sudduth REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 23, 1927

17. I HEREBY CERTIFY, That I attended deceased from March, 1927, to Oct. 23, 1927, that I last saw her alive on Oct 23, 1927, and that death occurred, on the date stated above, at 5 00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Uterus
40

CONTRIBUTORY (SECONDARY) (duration) 1 yrs. mos. ds.
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings
(Signed) H. N. Corley M. D
10-24-1927 (Address) Webster Groves Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL — DATE OF BURIAL
Bethania Cemetery — 19

20. UNDERTAKER — ADDRESS
Kriegshauser U. Co. Manchester Av.

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.

11 S. Gone Av. Rochester N.Y.
1-3 P.M.