

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

Do not use this space.

2958

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis, Mo. (No. 3630 S. Jefferson Avenue) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 7 545

**2. FULL NAME Barbara Ringwald**

(a) Residence. No. 3630 S. Jefferson St. 24 Ward \_\_\_\_\_  
 (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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

2. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 2, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
73 5 12

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

10. NAME OF FATHER (Unknown) Seiderer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Mrs. Fetzner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Gottlieb Ringwald  
 (Address) 3630 S. Jefferson

15. FILED Jan 16 1928 Max Goldberg REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 14, 1928

17. I HEREBY CERTIFY, That I attended deceased from December 14, 1927 to January 4, 1928  
 that I last saw him alive on January 13, 1928 and that death occurred, on the date stated above, at 8:00 A. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Myocarditis (chronic)  
931  
99A  
 (duration) 5 yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) Embolism of the Heart  
 (duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRIBUTED IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Chas. H. Weimann M. D.

Jan 17 1928 (Address) 3232 Lafayette

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New St. Marcus DATE OF BURIAL Jan. 18, 1928

20. UNDERTAKER Wacker-Heldrich ADDRESS 3331 I. Bradley

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.

