

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.

27 1928

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

Do not use this space.

29437

1. PLACE OF DEATH

County St. Louis Registration District No. 524 File No.
Township Carroll Primary Registration District No. 6076 Registered No.
City St. Ward)

2. FULL NAME

Alice Rejstrek

(a) Residence. No. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE A 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 15 - 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 - - -

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Carroll Co.
(STATE OR COUNTRY)

10. NAME OF FATHER Loalt

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT John Rejstrek
(Address)

15. FILED 8-15-28 Frank Heyde MD
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 15 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1928, to Aug 15, 1928, that I last saw h. alive on Aug 14, 1928, and that death occurred, on the date stated above, at 9 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis
131
129a (duration) 2 yrs. - mos. - da.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Frank Heyde M. D.

6-15-1928 (Address) Carroll 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

Culpeper County 8-16-1928

20. UNDERTAKER ADDRESS

none

