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

Do not use this space.

34969

File No.
Registered No. 360

1. PLACE OF DEATH
County: St Louis
Township: Carondelet
City: St Louis Mo. (No. 324 Little Broadway St. Ward)
Registration District No. 1123
Primary Registration District No. 6148 A

2. FULL NAME: Nora Tingelhoff
(a) Residence. No. 324 Little Broadway 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: 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: William F. Tingelhoff

6. DATE OF BIRTH (MONTH, DAY AND YEAR): December 25 1886

7. AGE: Years 42 Months 9 Days 17 If LESS than 1 day, hrs. or min.

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

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

PARENTS
10. NAME OF FATHER: Richard Stretch
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Catherine ~~Stretch~~ Gibbons
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland

14. INFORMANT: Mr Wm F. Tingelhoff
(Address) 324 Little Broadway

15. FILED Oct 14, 1929 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 12 1929

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1923, to Oct 12, 1929, that I last saw her alive on 10/12, 1929, and that death occurred, on the date stated above, at 2 25 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis
1.31
(duration) 6 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Mitral Insufficiency
(duration) 2 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
(Signed) G. D. Wilhite, M. D.
10/14, 1929 (Address) 3115 S Grand Bl.

*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: Calvary Cemetery
DATE OF BURIAL: Oct 15 1929

20. UNDERTAKER: E. J. Schnur
ADDRESS: 3125 Lafayette Av.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S signature CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

96