

SEP 15 1936 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

33030

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City St. Louis, Missouri City Hospital No. 1  
St. .... Ward)

B. 6893 Marie Trantham  
2. FULL NAME  
(a) Residence, No. 4010 Laclede St., 18 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 Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8, 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
32 3 4

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. hwk  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. hwk  
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) St. Louis, Missouri

FATHER  
13. NAME Henry Mischel

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

MOTHER  
15. MAIDEN NAME Ollie Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Hosp. Info. M.H. Kent  
(ADDRESS) City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis, Mo. DATE 8-28-36

19. UNDERTAKER (ADDRESS) J.H. Seibold & Sons, 46 Co. 2842 MERAMEC ST.

20. FILED AUG 27 1936 19 J. Buddecke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/12/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 8/5/36, 19, to 8/12/36, 19. I last saw her alive on 8/12/36, 19. Death is said to have occurred on the date stated above, at 4:20 P.

The principal cause of death and related causes of importance were as follows:

Tuberculous meningitis Date of onset

Other contributory causes of importance: 2/4

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify Geo. J. Seibold, M. D.  
(Signed) Geo. J. Seibold  
(Address) City Hospital No. 1

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

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.

