

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

Do not use this space.

18292

File No.
Registered No. 4765
St. Ward)

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1008
City St. Louis (No. 3304 Shenandoah)

FULL NAME

Rosa Dreutbach Tenacher

(a) Residence. No. 3304 Shenandoah St. 17 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 69 yrs. mos. da. How long in U.S., if of foreign birth? 83 yrs. mos. da.

JUN 1 1934

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 2, 1849

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<u>85</u>	<u>2</u>	<u>7</u>		

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

9. BIRTHPLACE (CITY OR TOWN) Schenectady - S.C.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Wm. Dreutbach

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

12. MAIDEN NAME OF MOTHER Annist Elizabeth

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

14. INFORMANT Miss Della Tenacher
(Address) 3304 Shenandoah

15. MAY 10 1934
FILED 10 1934
J. H. Redick
REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 9, 1934 19

17. I HEREBY CERTIFY, That I attended deceased from April 26, 1934, to May 9, 1934, 1934, that I last saw him alive on May 9, 1934, 1934, and that death occurred, on the date stated above, at 3:10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Branch pneumonia
82A
109A
10 yrs. mos. 21 da.

CONTRIBUTORY Coronary heart disease
(SECONDARY)
(duration) yrs. mos. 10 da.

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 & Pathology
(Signed) Samuel D. Thompson, M. D.
, 19 (Address) 29-3720 Washington Blvd.

*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 Bellefontaine DATE OF BURIAL 5-11 1934

20. UNDERTAKER Tracy Sawyer - 67th & Highways
ADDRESS 4228

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.

