

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

Do not use this space.

0170

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. St. Anthony's Hospital St. 1458 Ward)

**2. FULL NAME**

Nellie C. Hart  
 (a) Residence. No. 3606 Connecticut St., 2 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female | White | married

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

Henry Hart

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

April 13<sup>th</sup> 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.

59 | 9 | 17

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) St. Louis

10. NAME OF FATHER Alph Hart

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

12. MAIDEN NAME OF MOTHER Frances Voeldner

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

14. INFORMANT Daniel A. Harper  
 (Address) 3606 Connecticut St

15. FILED 10 13 26 May C Starkloff  
 19. REGISTER

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 9, 1926

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1925, to Feb. 9, 1926.  
 that I last saw h. & c. alive on Feb 9, 1926, and that death occurred, on the date stated above, at 2:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Coronary Thrombosis  
1917 Chronic Valvular Disease  
Chronic Nephritis (duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? no

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical & Laboratory

(Signed) R. V. Burrell M. D.

2/9, 1926 (Address) 417 Wall St Bldg

\*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Cabany DATE OF BURIAL 2-11 1926

20. UNDERTAKER Arthur J. Donnelly ADDRESS 5039 Wash St

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.

