

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

Do not use this space.

12965

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis Mo (No. 3)

File No.....
Registered No. 3241
St. Ward)

2. FULL NAME

(a) Residence. No. 3304 N. S. 18th St., 24 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 22nd 1920

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
6 4 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School girl
(b) General nature of industry, business, or establishment in which employed (or employer) St. Agatha School
(c) Name of employer

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

PARENTS

10. NAME OF FATHER George Nicholas

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

12. MAIDEN NAME OF MOTHER Lucilia Berger

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

14. INFORMANT George Nicholas
(Address) 3304 S. 18th

15. APR -4 1927 FILED Mar 6 Starroff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 2 1927

17. I HEREBY CERTIFY. That I attended deceased from Mar. 26, 1927, to April 2, 1927 that I last saw her alive on April 2, 1927, and that death occurred, on the date stated above, at S. R. P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

10th / 10 / 1927
935 / 10 / 1927 (duration) yrs. mos. 6 da.

CONTRIBUTORY ac dilatation of heart
(SECONDARY) (duration) yrs. mos. 1 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? usual
(Signed) Dr. P. Young M.D., M. D.

Apr. 4, 1927 (Address) 1112 Play 2600 St. Louis

*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 S. S. Peter Church DATE OF BURIAL April 5 1927

20. UNDERTAKER W. J. ROBERT ADDRESS 1112 S. Paul

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Do not use this space.

