

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

Do not use this space.

16277

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City St. Louis

Registration District No. 1123
Primary Registration District No. 6248 E
(No. 134 East Cleveland Ave)

File No. _____
Registered No. 189
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 134 East Cleveland Ave, St. _____, Ward. _____
(Usual place of abode)

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. (If nonresident give city or town and State)

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 Thomas A. Nightman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5/17, 1891

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	36	0	0	

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 Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Sen. Vuelker

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

12. MAIDEN NAME OF MOTHER Lavin Dang

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

14. INFORMANT Thomas A. Nightman
(Address) 134 East Cleveland Ave

15. FILED May 18 1927 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 17 1927

17. I HEREBY CERTIFY, That I attended deceased from May 16 1927, to May 17 1927 that I last saw him alive on May 17 1927, and that death occurred, on the date stated above, at 7:58 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

93% myocarditis acute
88 B
(duration) yrs. 4 mos. _____ da.

CONTRIBUTORY (SECONDARY) none
(duration) yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Chas. Anderson, M. D.

1927 (Address) 2105 S. Jefferson Ave
*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 5/20 1927

20. UNDERTAKER Meek & Dickman ADDRESS 3039 Easton

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.

APR 29 1927

