

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

Do not use this space.

38700

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis Mo. No. 2610 St. Louis Av.

File No.....
 Registered No. 11205
 St. (Ward)

2. FULL NAME

Nancy Myers

(a) Residence. No. 2610 St. Louis Av. 25 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 divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 25-1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ____ hrs. or ____ min.
	58	3	23	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housework
 (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) Missouri

10. NAME OF FATHER Richard Holden

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

12. MAIDEN NAME OF MOTHER Isabella Lenwood

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

14. INFORMANT Mr George Meyers
 (Address) 2610 St. Louis Av.

15. FILED DEC 21 1927 Max B. Starckoff
 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 18 1927

17. I HEREBY CERTIFY That I attended deceased from Dec 17 1927 to Dec 18 1927 that I last saw him alive on Dec 18 1927, and that death occurred, on the date stated above, at 6 a.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Central Hemorrhage
20 174
 (duration) yrs. mos. da. 1
 CONTRIBUTORY Arterio-Sclerosis
 (SECONDARY) (duration) yrs. mos. da. 5

18. WHERE WAS DISEASE CONTRACTED St. Louis
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) R. E. Owen M. D.
12/18, 1927 (Address) University Club 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New St. Marcus Cem. DATE OF BURIAL Dec. 21 1927

20. UNDERTAKER E. J. Schmur ADDRESS 3125 Lafayette Av.

K. 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.

THIS IS A PERMANENT RECORD

