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

Do not use this space.

22505

File No. [illegible]

Registered No. 6709

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. Deaconness Hospital St. Ward)

2. FULL NAME Nancy Elizabeth Stephens

(a) Residence. No. 6238 Berthold Ave St., 4 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	Divorced

5a. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF XXXXXXXX

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 26, 1872

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
55.	8	0	

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) At. Home

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pekin

(STATE OR COUNTRY) Ind.

PARENTS

10. NAME OF FATHER Milton Voiles

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....

(STATE OR COUNTRY) Ind.

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....

(STATE OR COUNTRY) Ind.

14. INFORMANT Wm Wiestand

(Address) 6238 Berthold Ave

15. FILED ..... 19..... REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 26 1928

17. I HEREBY CERTIFY, That I attended deceased from May 30 to June 26, 1928, that I last saw h.. alive on June 25, 1928, and that death occurred, on the date stated above, at 3.30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pt Chronic Nephritis
131
93C 129a
Chronic Myocarditis (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

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? .....

(Signed) Wm Carstens Smith, M. D

6/26, 1928 (Address) 912 N. 19th St

*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 Missouri Crematory

DATE OF BURIAL June 29 28

20. UNDERTAKER A. W. McLaughlin

ADDRESS 1631 Mo. Ave.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.