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

Do not use this space.

Registration District No. 731 File No. 25240
Primary Registration District No. 10003 Registered No. 7037

1. PLACE OF DEATH
County ..... Township .....
City St Louis (No. St Louis Children's Hospital Ward)

2. FULL NAME Artie Null
(a) Residence. No. 1422 Oak Grove St., 12 Ward. St Louis Co
(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: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word):

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1-1-15

7. AGE: Years 13 | Months 6 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: School
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Bloodland
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Joseph Null
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Bloodland
(STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Maggie Croft
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Bloodland
(STATE OR COUNTRY): Missouri

14. INFORMANT: L. J. Koetting
(Address): 5001 Kingshighland

15. FILED JUL -6 1928, 19..... Guy C. Stark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 7-5- 1928

17. I HEREBY CERTIFY, That I attended deceased from 7-5, 1928, to 7-5, 1928, that I last saw b..... alive on 7-5, 1928, and that death occurred, on the date stated above, at 1:40 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic nephritis
Pemphigus
1508
nephritis 14yr +
(duration) yrs. mos. 21 ds.

CONTRIBUTORY (SECONDARY) Uremia, Septicemia
(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED home
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? yes.
WHAT TEST CONFIRMED DIAGNOSIS? Exam. autopsy
(Signed) Russell Pacl M. D.
7/5, 1928 Address 4 Kingshighland

*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: Richland Mo | DATE OF BURIAL: July 6 1928
20. UNDERTAKER: Fred M Williams | ADDRESS: 4126 Delmar

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.

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