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

Do not use this space.

35279

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 10265

Township ..... Primary Registration District No. 1003 Registered No. 10265

City St Louis (No. 4120 Pleasant St St. ..... Ward)

2. FULL NAME Lydia Nehrt

(a) Residence. No. ~~[illegible]~~ St. 10 Ward. New Minden Ill
(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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1877 April 5

7. AGE: Years 51 | Months 6 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

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): New Minden Ill

PARENTS
10. NAME OF FATHER: Charles Brinkman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Louise Johannsmeyer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Sty Nehrt
(Address): New Minden Ill

15. FILED 27 19 1928, 19..... Max C Starkloff, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 19 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 18th, 1928, to Oct 19th, 1928, that I last saw her alive on Oct 19th, 1928, and that death occurred, on the date stated above, at 4:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Pancreas
46F
(duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 49
(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) Fred P. Gille, M.D.
10/19, 1928. (Address) 2702 N. Grand 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: New Minden Ill
DATE OF BURIAL: Oct 20 1928

20. UNDERTAKER: Theo H. Beidenweider
ADDRESS: 1936 St Louis Av.

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.