

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

Do not use this space.

8174

**1. PLACE OF DEATH**

City St. Louis Registration District No. 791 File No. 1028  
 Township St. Louis Primary Registration District No. 1003 Registered No. 1028  
 City St. Louis (No. 3437- Indiana Ave) St. 24 Ward

**2. FULL NAME**

Frances Nachtworik  
 (a) Residence No. 3437- Indiana Ave 24 Ward. (If nonresident give city or town and State)  
 (Usual place of abode)  
 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<br><u>Female</u>   | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)<br><u>Widowed</u> |           |  |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Nicholas Nachtworik</u>  |                                  |  |           |  |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR)<br><u>Feb 13 - 1947</u>  |                                  |  |           |  |
| 7. AGE  | YEARS                            | MONTHS   | DAY       | IF LESS than 1 day, <u>  </u> hrs. or <u>  </u> min. |
|   | <u>81</u>                        | <u>11</u>  | <u>16</u> |  |
| 8. OCCUPATION OF DECEASED<br>(a) Trade, profession, or particular kind of work <u>Housework</u><br>(b) General nature of industry, business, or establishment in which employed (or employer)<br>(c) Name of employer |                                  |  |           |  |

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 1 19 29

17. I HEREBY CERTIFY That I attended deceased from Jan 26, 1929, to Feb 1, 1929, that I last saw her alive on Feb 1, 1929, and that death occurred, on the date stated above, at 11:40 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS: 1140-A  
Chr Myocarditis  
Arterio Sclerosis

CONTRIBUTORY (SECONDARY) Arterio Sclerosis  
 (duration) yrs. mos. ds.

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) Edw J Vate, M. D.  
 , 19 (Address) 3801 So Blvd

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

10. NAME OF FATHER Peter Balow

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Atta Larson  
 (Address) 3437 Indiana Ave

15. FILED 1029 Mar 2 1929  
 REGISTRAR W. C. Stumpf

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Pauls Churchyard DATE OF BURIAL Feb 4 19 29

20. UNDERTAKER Wacker Helderle ADDRESS 2331 S Blum

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.

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