

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

Do not use this space.

21154

PLACE OF DEATH

County Gasconade  
Township \_\_\_\_\_  
City Herrmann (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 303  
Primary Registration District No. 4182

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME** Shirley Elsie Nasse

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 16 - 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day,  hrs. or  min.  
1 2 10

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Fred Nasse

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

12. MAIDEN NAME OF MOTHER Elsie Jeanette

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

14. INFORMANT The Nasse  
(Address) Herrmann Mo

15. FILED 6-28, 1929 Anna K. Rieckhoff  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 26 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1st, 1929, to June 26, 1929, that I last saw her alive on June 26, 1929, and that death occurred, on the date stated above, at 3 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Premature ossification of  
Sagittal suture.

82 1/2 (duration) One yrs. 0 mos. 0 ds.  
CONTRIBUTORY cerebral hemorrhage and  
(SECONDARY) convulsions (duration) 8 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH at place of death

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

19. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? none - General autopsy  
(Signed) H. J. Rieckhoff M. D.  
, 19 (Address) Herrmann Mo

\*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 Herrmann City Cemetery DATE OF BURIAL 6/28 1929

20. UNDERTAKER Herman Blumer ADDRESS Herrmann Mo

N. E.—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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1029  
6-28-29

