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

Do not use this space.

38704

1. PLACE OF DEATH
County St John's Hospital — Registration District No. 791
Township — Primary Registration District No. 1003
City St Louis (No. St John Hospital St. Ward)

File No.
Registered No. 11121

2. FULL NAME Mrs Nellie Sanders
(a) Residence. No. 1632 Ohio St., 23 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 9 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	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 15-1905

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
23	10	29	

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

9. BIRTHPLACE (CITY OR TOWN) Stubill
(STATE OR COUNTRY) MO

PARENTS
10. NAME OF FATHER James Grover
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Stubill
(STATE OR COUNTRY) MO
12. MAIDEN NAME OF MOTHER Annie Nicholson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St James
(STATE OR COUNTRY) MO

14. INFORMANT Esco Sanders
(Address) 1632 Ohio ave.

15. NOV 14 1929 FILED ..., 19... Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 13 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov. 5th, 1929, to Nov 13th, 1929, that I last saw her alive on Nov. 13 1929, and that death occurred, on the date stated above, at 10 45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Labor Pneumonia
108
1010
(duration) ...yrs. ...mos. 9 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 1632 Ohio
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS? Xray & Physical Exam
(Signed) E. E. Matlock, M. D.
11-14 1929 (Address) 4989 Neosho 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 Steelville Stubill MO — DATE OF BURIAL Nov 15 1929

20. UNDERTAKER Alexander and Son — ADDRESS 6175 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.

235