

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

Do not use this space.

6805

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No. Ms. Bapt. Hosp.) St. Ward)

2. FULL NAME

Pauline Nelsch
 (a) Residence. No. 4164^a Lafayette Ave. St. 17 Ward. (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John A. Nelsch.</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec 14, 1878</u>		
7. AGE	YEARS <u>51</u>	MONTHS <u>1</u>
	DAY <u>29</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Marshall
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Les. Shuman

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

12. MAIDEN NAME OF MOTHER Darvinia Ross

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

14. INFORMANT Mr. John A. Nelsch
 (Address) 4164^a Lafayette Ave.

15. FILED 1930 REGISTRAR W. L. E. [Signature]

MEDICAL CERTIFICATE OF DEATH

4
 16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 13 1930
 17. I HEREBY CERTIFY, That I attended deceased from Nov 21 1929 to Feb 13 1930 that I last saw her alive on Feb 13 1930 and that death occurred, on the date stated above, at 11:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pelvic Abscess due to Organ Peritonitis - Fibroid of the Uterus
 (duration) yrs. mos. ds.
 CONTRIBUTORY Fibroid Tumor - Operative
 (SECONDARY) Not removed (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Nov. 27-29
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Examinate
 (Signed) [Signature], M. D.
 19 (Address) No Bldg -

*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 Lakeside Park Cem DATE OF BURIAL 2-17 1930
 20. UNDERTAKER Les. L. Oleitsch ADDRESS 5966 Eastern Ave

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.

10-2330

Mr. [unclear]
Theatre Bldg.
2nd St. P.M.