

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

Do not use this space.

25434

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis, Mo** (No. **Lutheran Hospital**)

File No.
Registered No. **7672**.
St. Ward)

2. FULL NAME **Baby girl nahn**

(a) Residence No. **126519 Ykavois St. #23** Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. **11 1/2** 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 **W**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **7-29-1936**

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, **11 1/2** hrs. or min.

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) **Mo.**

10. NAME OF FATHER **Hugh Ross nahn**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **St. Louis, Mo.**

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Kate Louise Wingerter**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **St. Louis, Mo.**

(STATE OR COUNTRY)

14.

INFORMANT **C. H. Klein Rm**

(Address) **Lutheran Hospital**

15.

FILED **31 1936**

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **July 30 1936**

17.

I HEREBY CERTIFY, That I attended deceased from

7-30, 19**36**, to **7-31**, 19**36**
that I last saw h. or alive on **7-30**, 19**36**, and that death occurred, on the date stated above, at **5 A.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

159 Prematurity
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

1610 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 **DID AN OPERATION PRECEDE DEATH?** DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **Victor P. Kharaf** M. D.

, 19 (Address) **Chippewa Trust 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

DATE OF BURIAL

New Orleans

7/31 1936

20. UNDERTAKER

ADDRESS **261/**

Ziegenhals

Cherokee

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.

