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

Do not use this space.

41096

1. PLACE OF DEATH

County..... Registration District No. 791

Township St. Louis Primary Registration District No. 1003

City St. Louis (No. 1321 - South - Compton ave St. ..... Ward)

File No. ..... Registered No. 11759

2. FULL NAME Nina - McKevit

(a) Residence. No. ..... St., 22 Ward. .....
(Usual place of abode) (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: Female

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Jos. H. McKevit

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 22 - 1887

7. AGE: Years 43 Months 3 Days 22 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Work 141 191
(b) General nature of industry, business, or establishment in which employed (or employer): At home 93A
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Canada

PARENTS

10. NAME OF FATHER: John - Roadhouse

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

12. MAIDEN NAME OF MOTHER: Fannie - Walsh

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

14. INFORMANT: Mrs. F. Roadhouse
(Address) 1321 - S. - Compton ave

15. FILED DEC 16 1930 19 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

H

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12/14/30 19

17. I HEREBY CERTIFY, That I attended deceased from 8/18/30, 19..., to 12/14/30, 19..., that I last saw her alive on 12/14/30, 19..., and that death occurred, on the date stated above, at 8 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CHRONIC INTERSTITAL NEPHRITIS
ANEMIA CAUSED BY ABORTION
FOUR MONTS AGO. NOT CRIMINAL.

(duration) ..... yrs. 4 mos. 11 ds.

CONTRIBUTORY (SECONDARY) ACUTE MYOCARDITIS

(duration) ..... yrs. ..... mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED? [illegible]

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? NO DATE OF .....

WAS THERE AN AUTOPSY? NO.

WHAT TEST CONFIRMED DIAGNOSIS? LAB + PHYSICAL

(Signed) Stephen Vezeau, M. D.

12/15/30 19 (Address) 3202 A PARK

*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: Calvary

DATE OF BURIAL: 12-18-1930

20. UNDERTAKER: Edw. F. Howard & Son

ADDRESS: 4212 - St Louis ave

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.