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.

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

791
1003

Do not use this space.

2661

File No.
Registered No. 355

1. PLACE OF DEATH

County
Registration District No.
Township
Primary Registration District No.
City St. Louis Mo. (No. St. Anthony Hospl. St. Ward)

2. FULL NAME Infant of Morris A. & Irene Nabe.

(a) Residence, No. 2498 Ashland, Overland Mo. St., 16 Ward. Overland Mo
(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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): S.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8 - 1932.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
0	0	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

FATHER
13. NAME Morris A. Nabe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo.

MOTHER
15. MAIDEN NAME Irene Castell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) De Soto Mo.

17. INFORMANT Morris A. Nabe
(ADDRESS) 2498 Ashland Mo. Overland Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cem. DATE Jan. 12 - 1932

19. UNDERTAKER Ziegenhein Bros
(ADDRESS) 2683 Cherokee St.

20. FILED JAN 12 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 11 - , 1932.

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1932 to Jan 11 - , 1932
I last saw her alive on Jan 11, 1932 Death is said to have occurred on the date stated above, at 12:10 P.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 1-10-32

[illegible]

Other contributory causes of importance:
none

(1)

Name of operation Date of
What test confirmed diagnosis? Physical Exam. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify
(Signed) Edward E. Heiple M. D.
(Address) 3960 So. Broadway St Louis Mo.