

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

Do not use this space.

2754

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis (No. 5149 Lexington Ave) St. .... Ward)

File No. ....  
Registered No. 456  
St. .... Ward)

**2. FULL NAME**

Nance Valtsian  
(a) Residence, No. 5149 Lexington Ave. St. 6 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, or min.  
54 7 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235  
10. Date deceased last worked at this occupation (month and year) Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 13. NAME Edward Higgins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Nora Sweeney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Nicholas A. Valtsian

(ADDRESS) 5149 Lexington Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Cath. any DATE 1-16 1932

19. UNDERTAKER Arthur J. Donnelly and Co

(ADDRESS) 2007 W. 1st St.

20. FILED JAN 15 1932 Registrar. 1-14-32

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13<sup>th</sup> 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 26 1932 to Jan 13 1932  
I last saw her alive on Jan 13 1932 Death is said to have occurred on the date stated above, at 10:55 P. M.  
The principal cause of death and related causes of importance were as follows:

Date of onset  
acute Cardiac Dilatation  
uncomplicated  
Chronic  
Other contributory causes of importance:  
Tuberculosis - Pulmonary  
Chronic

Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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? no  
If so, specify.....  
(Signed) Robert M. D.

(Address) Robert B. B...

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.

12<sup>30</sup> - 2 C. M.

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