

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

Do not use this space.

2882

1. PLACE OF DEATH

County Registration District No. 72
Township Primary Registration District No.
City St. Louis (No. Ensemble de C. Hosp #1) St. Ward)

File No.
Registered No. 588
St. Ward)

2. FULL NAME

(a) Residence, No. Cril house St. 25 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 Male 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 Flourence Nichoff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28 1888

7. AGE YEARS 44 MONTHS 10 DAYS 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Whitener

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 250 108 108

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

FATHER 13. NAME Otto Nichoff

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 10

MOTHER 15. MAIDEN NAME Mattha Stolle

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

17. INFORMANT Florence Nichoff (ADDRESS) 3438 S. 2nd St

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mathew DATE 1-21-1932

19. UNDERTAKER Walt Bros. Mort. Co. (ADDRESS) 2920 N. Jefferson

20. FILED 1-19-1932 19. W. C. Starck Registrar

PHYSICIAN'S MEDICAL CERTIFICATE OF DEATH

No Physician in Attendance
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18 1932

22. I HEREBY CERTIFY That I attended deceased from 19....., to 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 10:00 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset

Other contributory causes of importance: (A)

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? yes

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) John P. ... Registrar

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.

