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

Do not use this space.

20835

1. PLACE OF DEATH

County ..... Registration District No. 791 2003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 5318

City ST. Louis, Mo.-ST. Louis Children's Hosp-500 So. Kingshighway St. ..... Ward)

2. FULL NAME Nancy Linnemeyer

(a) Residence, No. 300 Newport-Webster Groves, Mo. 12 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Life 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): Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21-1932

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	10	12	

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster Groves, Mo.

FATHER

13. NAME R. W. Linnemeyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST Louis, Mo.

MOTHER

15. MAIDEN NAME Eugenia Fattmann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. Louis, Mo.

17. INFORMANT (ADDRESS) C. Yost 500 So. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lake Charles DATE June 4, 1932

19. UNDERTAKER (ADDRESS) Astron L & M Co. 2707 N. Grand

20. FILED JUN 3 1932 Max C. Starkey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1932, to June 2, 1932

I last saw her alive on June 2, 1932. Death is said to have occurred on the date stated above, at 1:52 p.m.

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

	Date of onset
Atelectasis Congenital	Birth
Bronchiectasis ?	?
Bronchopneumonia	1 week
Secondary	

Other contributory causes of importance:

Otitis media

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

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

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) Lawrence Goldman, M. D.

(Address) St. Louis Children's Hosp