

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

Do not use this space.

7605

1. PLACE OF DEATH

County St. Louis Mo
Township St. Louis Mo
City St. Louis Mo

Registration District No. 701
Primary Registration District No. 5003
Hospital Deaconess Hospital

File No. _____
Registered No. 1562
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Mary Emily Nauken
(Usual place of abode) Big Bend of Sappington Rds. Ward. Hickwood Mo

Length of residence in city or town where death occurred yrs. mos. ds. 4 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>N.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Christopher M. Nauken</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-4-1876</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>56</u>	<u>2</u>	<u>10</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Newswife</u>		11. Total time (years) spent in this occupation		
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)		

OCCUPATION

MOTHER FATHER

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

13. NAME Joe Sappington

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

15. MAIDEN NAME Levina Eddie

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

17. INFORMANT Christopher M. Nauken
(ADDRESS) Big Bend & Sappington Rds

18. BURIAL, CREMATION OR REMOVAL
PLACE Oak Hill DATE July 17 1933

19. UNDERTAKER Louis H. Bopp
(ADDRESS) Hickwood Mo

20. FILED FEB 15 1933
Miss E. Stover
Registrar

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-14-1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1933, to Feb 14, 1933
I last saw her alive on Feb 13, 1933. Death is said to have occurred on the date stated above, at 9:53 A. M.
The principal cause of death and related causes of importance were as follows:

Septicemic Cerebrospinal meningitis
10413 104B
77A
Other contributory causes of importance: Sinusitis

Date of onset 2/13/33

Name of operation No

What test confirmed diagnosis? Bacteriological 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) Arthur W. Westcott M. D.
(Address) Westcott & Gunkel Bldg

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.

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