

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

Do not use this space.

42675

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1008
City St. Louis (No. City Hospital)

File No.....
Registered No. 11129
St. Ward)

2. FULL NAME Baby Nestak
(a) Residence, No. 8867 Squire 8 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 yrs. 0 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>♀</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 12 - 1933</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>0</u>	<u>0</u>	<u>14</u>	
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)	<u>St. Louis, Mo.</u>			
FATHER	13. NAME <u>Albert Nestak</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>			
MOTHER	15. MAIDEN NAME <u>Olga Kuberka</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>			
17. INFORMANT (ADDRESS) <u>Harold Inf. City Hosp</u>				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE <u>Calvary Cem</u>		DATE <u>Dec 27, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Edward Koch 3514 4</u>				
20. FILED <u>DEC 27 1933</u> <u>J. Bredeck Registrar</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/12, 1933, to 12/26, 1933
I last saw her alive on 12/26, 1933. Death is said to have occurred on the date stated above, at 6:10 m.
The principal cause of death and related causes of importance were as follows:
Stillborn prematurity
159
Other contributory causes of importance:
159

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?.....
If so, specify.....
(Signed) H. J. Quattrocchi, M. D.
(Address) City Hospital

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.

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