

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.

MAR 24 1934

7385

1. PLACE OF DEATH

County St. Louis Registration District No. 1170
Township Central Primary Registration District No. 6248H.
City Richmond Heights No. St. Mary's Hospital Registered No. 38
St. _____ Ward _____

2. FULL NAME

Mathilda Nehrer

(a) Residence, No. 6926 Wise Ave St. _____ 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

MEDICAL CERTIFICATE OF DEATH

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 OR (OR) WIFE OF Henry D. Nehrer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12 1861
7. AGE YEARS 72 MONTHS 3 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23 1934
22. I HEREBY CERTIFY, That I attended deceased from 1/28 1934 to 2/23 1934
I last saw him alive on 2/22 1934. Death is said to have occurred on the date stated above, at 5:25 A. m.
The principal cause of death and related causes of importance were as follows:

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

apoplexy
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Other contributory causes of importance:
Date of onset 1/28/34

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis
13. NAME Unknown Tubising
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

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.

17. INFORMANT Char. J. Nehrer
(ADDRESS) 6926 Wise Ave

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Funerary Home DATE Feb 26 1934

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

19. UNDERTAKER Funeral Home
(ADDRESS) 1936 St. Louis Ave

(Signed) Belmont B. Gummels M. D.
(Address) 1005 NW Cawston

20. FILED 2/23 1934 Gertrude Porter
Registrar.

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and