DEC 13 1934

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

Do not use this space.

40717

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ST. LOUIS MO. (No. 4118 N. TAYLOR AVE. St. ..... Ward)

File No. .....

Registered No. 10653

2. FULL NAME MRS. NELLIE KOETTER.

(a) Residence, No. 4418 N. TAYLOR AVE. St., 9 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: FEMALE

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: FRANK KOETTER.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): NOV. 16/1883/

7. AGE: YEARS 50 | MONTHS 11 | DAYS 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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): ST LOUIS. MO.

FATHER

13. NAME: THOMAS MORAN.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ST LOUIS MO.

MOTHER

15. MAIDEN NAME: BELL BARTH.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ST LOUIS MO.

17. INFORMANT (ADDRESS): Frank Koetter 4118 N. TAYLOR AVE.

18. BURIAL, CREMATION, OR REMOVAL
PLACE FRIEDENS CEM. DATE 11/7/34 19

19. UNDERTAKER (ADDRESS): The Provost Bud Co 3710 N. GRAND BLV'D.

20. FILED NOV -5 1934 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11/4/34 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1934, to Nov. 4, 1934

I last saw her alive on Nov. 3, 1934. Death is said to have occurred on the date stated above, at 12:25 p.m.

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

Tertiary Syphilis

Date of onset: T.

34

Other contributory causes of importance: Nephritis Neuritis

Name of operation: None Date of .....

What test confirmed diagnosis? Lab. 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? No

If so, specify .....

(Signed) Matt J Crowe, M. D.

(Address) 5738 W. Florissant

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.

100M-11-24-33

Dr [illegible] 5700

Robin & Florissant.