

APR 9 1935

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

Do not use this space.

11092

## 1. PLACE OF DEATH

County .....

Registration District No. **791**

Township .....

Primary Registration District No. **1003**City *H. Lewis* (No. *5580 Maple*)

File No. ....

Registered No. **2723**

St. .... Ward)

2. FULL NAME *Charles F. Nahub*(a) Residence, No. *5580 Maple St.*, *5* Ward.

(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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Florence Nahub*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 28, 1870*7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
*65 8 24*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Insurance*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Retired*

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) *Illinois*13. NAME *W<sup>m</sup> Nahub*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*15. MAIDEN NAME *Emma Schuffitz*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *H. Lewis*17. INFORMANT (ADDRESS) *Florence Nahub*  
*5580 Maple*18. BURIAL, CREMATION, OR REMOVAL PLACE *Nashvillall* DATE *3-25-35*19. UNDERTAKER (ADDRESS) *Pronox Und. Co.*  
*2710 N. Grand Blvd*20. FILED IN *24* 1935 BY *J. B. Beck* Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3-22<sup>nd</sup> 1935*22. I HEREBY CERTIFY, That I attended deceased from *Oct. 26*, 1933, to *Mar. 23*, 1935I last saw him alive on *March 22*, 1935. Death is said to have occurred on the date stated above, at *11:30* p.m.

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

*Aortic Insufficiency* Date of onset *2 yrs**131*

Other contributory causes of importance:

*Chronic Renalstitial Nephritis* *1 yr*Name of operation ..... Date of ..... What test confirmed diagnosis? *Phys. Ex.* 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 *no*(Signed) *John S. Cameron*, M. D.(Address) *508 N. Grand Blvd.*

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.

Lin. C. ... 5 P.M.  
Mch. 12th.