

APR 29 1935

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

Do not use this space.

14439

1. PLACE OF DEATH

County.....
Township.....
City ST. LOUIS 500 S. Kings Highway

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 3268
Ward)

2. FULL NAME Nancy Lee Eulitzer

(a) Residence, No. 315 W. Lebanon St., NR Ward. Nashville, Ill.
(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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-5-35

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 2 3

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.....
Child

12. BIRTHPLACE (CITY OR TOWN) Nashville, Ill. (STATE OR COUNTRY)

13. NAME Quinton

14. BIRTHPLACE (CITY OR TOWN) Nashville, Ill. (STATE OR COUNTRY)

15. MAIDEN NAME Hazel Zapp

16. BIRTHPLACE (CITY OR TOWN) Nashville, Ill. (STATE OR COUNTRY)

17. INFORMANT J. M. Elwin (ADDRESS) 500 S. Kings Highway

18. BURIAL, CREMATION, OR REMOVAL PLACE Nashville, Ill. DATE 4-11-35

19. UNDERTAKER Albert H. Hopp (ADDRESS) 421 N. English Ave

20. FILED 9-9-35, 19... J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-8-35, 19...

22. I HEREBY CERTIFY, That I attended deceased from 4-3-35, 19... to 4-8-35, 19...

I last saw her alive on 4-8-35, 19... Death is said to have occurred on the date stated above, at 10:20 P.M.

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

Diarrhea - acute
Congenital defect
convulsions
Bronchopneumonia
Date of onset 3-28-35

Other contributory causes of importance:

Name of operation none Date of...
What test confirmed diagnosis? none Was there an autopsy? yes

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) Julia L. Adams, M. D.
(Address) 500 S. Kings Highway

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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