

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.

061 2 3 1935

30727

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Townshlp..... Primary Registration District No. **1003**  
 City **St. Louis mo** (No. **mo**) **Baptist Hosp** (If nonresident, give city or town and State)  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

**Nuber, Rhodia**  
 (a) Residence, No. \_\_\_\_\_ St., **V.R.** 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 <b>Female</b>	4. COLOR OR RACE <b>Mh</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Wid</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Irwin Nuber</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Feb 24, 1856</b>				
7. AGE	YEARS <b>79</b>	MONTHS <b>7</b>	DAYS <b>10</b>	IF LESS THAN 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Nurse</b>			
	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) <b>Montgomery County mo</b>				
FATHER	13. NAME <b>Louis Parsons</b>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Virginia</b>			
MOTHER	15. MAIDEN NAME <b>Mary E. Baugh</b>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>St Charles Co. mo</b>			
17. INFORMANT <b>O. P. Parsons</b> (Bro) (ADDRESS) <b>Corso mo</b>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Massaonia Cemetery</b> DATE <b>9-6-35</b>				
19. UNDERTAKER (ADDRESS) <b>W. H. Happe, Inc's</b>				
20. FILED <b>5 1935</b> <b>J. Bredeck</b> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9/4/1935**

22. I HEREBY CERTIFY, That I attended deceased from **8/19/1935** to **9/4/1935**

I last saw her alive on **9/4/1935** Death is said to have occurred on the date stated above, at **72** m.

The principal cause of death and related causes of importance were as follows:  
**Chronic Myocarditis** Date of onset **?**  
**186** **14**

Other contributory causes of importance:  
**fracture left patella and compound fracture to treatment** **July 30 1865**

Name of operation **amputation** Date of **8-22-35**

What test confirmed diagnosis? **Rx + Pk** Was there an autopsy? **NO**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? **at home** Date of injury **7/30, 1935**  
 Where did injury occur? **at home** (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
**In home**

Manner of injury **fall**

Nature of injury **fracture left patella**

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_ (Signed) **W. H. Happe** M. D. (Address) \_\_\_\_\_

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