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.

1. PLACE OF DEATH DEC 12 1935

County ..... Registration District No. 791

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

City St. Louis Mo. (No. St. Anthonys Hospital Ward)

File No. 37615

Registered No. 9586

2. FULL NAME Nannie Quatmann

(a) Residence, No. ..... St., N R Ward. Fenton, Mo
(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: Joseph H Quatmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): October 29-1884

7. AGE: YEARS 51 MONTHS — DAYS 16 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. "
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): Missouri

FATHER

13. NAME: Michael Hopkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

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

17. INFORMANT (ADDRESS): Mr Joseph H Quatmann

18. BURIAL, CREMATION, OR REMOVAL
PLACE Park Lawn Cem. DATE Nov. 18, 1935

19. UNDERTAKER (ADDRESS): E. J. Schnur, 3125 Lafayette av.

20. FILED NOV 15 1935, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from November 13, 1935, to November 14, 1935

I last saw her alive on November 14, 1935. Death is said to have occurred on the date stated above, at 7.30 A.m.

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

	Date of onset
General Peritonitis due to perforation of bowel (descending colon)	
Duration: (5) days.	

Other contributory causes of importance:
Obstructive carcinoma of descending colon.
Duration: Unknown

Name of operation: Resection of bowel Date of: 11/13/35

What test confirmed diagnosis? physical and clinical findings 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? .....

If so, specify .....

(Signed) A. L. Heitel, M. D.

(Address) 3606 Gravois Ave.