

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.

DEC 12 1935

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

Do not use this space.

37636

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **St. Louis's Children's Hosp.**) St. Ward) (Registered No. **9609**)

2. FULL NAME

(a) Residence, No. **Nancy Mall** (Residential)
(Usual place of abode) **116 N. Dibless St. N.R.** (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 <i>Female</i>	4. COLOR OR RACE <i>(W)</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>5-16-35</i>		
7. AGE	YEARS	MONTHS
	<i>—</i>	<i>6</i>
		DAYS
		<i>—</i>
		IF LESS than 1 day,hrs. ormin.
OCCUPATION	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	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis, Mo.</i>		
FATHER	13. NAME <i>Richard F</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Missouri</i>	
MOTHER	15. MAIDEN NAME <i>Margaret Lehr</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Colorado</i>	
17. INFORMANT <i>Blumen</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Nathanna</i> DATE <i>Nov 17 1935</i>		
19. UNDERTAKER (ADDRESS) <i>Math. Herman Es. Roy 5161 East Fair Ave</i>		
20. FILED <i>16 1935</i> REGISTRAR <i>J. Bredeck</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *11-16-1935*

22. I HEREBY CERTIFY, That I attended deceased from *11-12-1935*, to *11-16-1935*, 19*35*.
I last saw h. or alive on *11-16-1935*. Death is said to have occurred on the date stated above, at *7 a.m.*
The principal cause of death and related causes of importance were as follows:
Pneumonia.
Primary Bronchial Pneumonia
Other contributory causes of importance: *107a*

Name of operation *None* Date of
What test confirmed diagnosis? 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? *None* (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *None*
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) *A. R. Brevloff* M. D.
(Address) *500 S. Kingshighway*

