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.

40890

JAN 21 1936

1. PLACE OF DEATH
County St. Louis — Registration District No. 787
Township Meramec — Primary Registration District No. 6037
City ..... (No. ....., ... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Nellie Ficke
(a) Residence, No. Eureka Mo. St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 24 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 Dr. J. D. Ficke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-26-1877

7. AGE: Years 58 — Months 4 — Days 6 — 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. Own home
10. Date deceased last worked at this occupation (month and year) June-1934
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Co., Mo

FATHER
13. NAME John Sandfas
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Rosenna Lenz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Dr. J. D. Ficke, Valem, Mo.

18. BURIAL, CREMATION, OR REMOVAL Parkhill cem.
PLACE Sappington Mo. DATE Dec-4-1935

19. UNDERTAKER Schrader Funeral Home
(ADDRESS) Ballwin, Mo.

20. FILED Dec 2 1935 Wm S Ficke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-2-1935

22. I HEREBY CERTIFY, That I attended deceased from Summer 1935, to Dec 2 1935
I last saw h. alive on Dec 2 1935. Death is said to have occurred on the date stated above, at 7:15 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer, rt. hip.	about 18 mth.

Other contributory causes of importance:
Toxemia

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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 .....
(Signed) Chas. Bias, M. D.
(Address) Eureka Mo.