

FEB 24 1936

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

Do not use this space.

4041

1. PLACE OF DEATH

County St. Louis Registration District No. 1160
Township _____ Primary Registration District No. 4470
City University City (No. 6338 Waterman) St. _____ Ward _____

File No. _____
Registered No. 6
St. _____ Ward _____

2. FULL NAME Nina Ann Laurie

(a) Residence, No. 6338 Waterman St. _____ 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 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 L Laurie
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
abt. 60

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Cairo (STATE OR COUNTRY) Ill.

FATHER 13. NAME Charles W. Stegmann 14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Emily Katharine Gecker 16. BIRTHPLACE (CITY OR TOWN) Cape Girardeau (STATE OR COUNTRY) Mo.

17. INFORMANT Joseph L Laurie (ADDRESS) 6338 Waterman

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem. DATE Jan 8 1936

19. UNDERTAKER Alexander & Sons (ADDRESS) 6175 Delmar Blvd.

20. FILED Jan 7 1936 Lena V. Moeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6 1936
22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1935 to Jan 6 1936
I last saw her alive on Jan 6 1936 Death is said to have occurred on the date stated above, at 10:15 a.m.
The principal cause of death and related causes of importance were as follows:

Lympho-sarcoma 1933

Other contributory causes of importance: None
Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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) Frank R. Ferguson, M. D.
(Address) 3701 Westmoreland

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.

