

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.

17754

## 1. PLACE OF DEATH

County A

Registration District No.

Township

Primary Registration District No.

City St. Louis(No. St. Lukes Hospital)

791

1003

File No.

Registered No.

4539

St.

Ward)

## 2. FULL NAME

Eurothy Nichols Diers(a) Residence, No. 201 St. Charles

St.

5 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

3 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Richard Diers6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16, 1909

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

26119

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)

Apr. 1936

11. Total time (years) spent in this occupation

9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Lincoln Illinois

MOTHER

13. NAME Luciel Franklin Nichols14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.15. MAIDEN NAME Edith Holladay16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Hollands Ill.17. INFORMANT (ADDRESS) Richard Diers18. BURIAL, CREMATION OR REMOVAL PLACE Lincoln Ill. DATE Apr. 25, 193619. UNDERTAKER (ADDRESS) Sheets Und. Co  
Lincoln Ill.20. FILED APR 26 1936 J. F. Bredeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25, 193622. I HEREBY CERTIFY, That I attended deceased from April 24, 1936, to April 25, 1936I last saw her alive on April 25, 1936. Death is saidto have occurred on the date stated above, at 5:05 P.m.

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

Acute Lobar pneumonia Date of onset Apr. 23, 1936Other contributory causes of importance: Pregnancy - 7 monthsName of operation Low forceps delivery Date of Apr. 25, 1936What test confirmed diagnosis? Physical exam Was there an autopsy? no23. 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) Wm. S. Becke, M. D.(Address) 3720 Washington

