JUL 14 1936

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

Do not use this space.

24959

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City ..... (No. 5637a Dewey St. ..... Ward)

File No. .....

Registered No. 6618

2. FULL NAME Elsie Take

(a) Residence, No. 5637 A Dewey St., 15 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8, 1893

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
43	2	21	

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. Nurse

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) St. Louis, Missouri

FATHER

13. NAME Edward Take

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Lousi Missouri

MOTHER

15. MAIDEN NAME Elizabeth Stenger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) O'Fallon, Mo.

17. INFORMANT (ADDRESS) Elizabeth Schneider 5637a Dewey

18. BURIAL, CREMATION, OR REMOVAL

PLACE S.S. Peter & Paul DATE July 2, 1936

19. UNDERTAKER (ADDRESS) Wacker-Helderle U. & L. Co. 2331 S. Broadway

20. FILED ....., 19.... J. F. Bredeck Registrar.

JUN 30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1932, to June 29, 1936

I last saw her alive on June 29, 1936. Death is said to have occurred on the date stated above, at 11:48 P m.

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

	Date of onset
Chronic Myocardial Disease (Anatomical) No Clinical Evidence	?
93C	

Other contributory causes of importance:

Chronic Rheumatoid Arthritis	22 yrs
Inanition	3 mos.

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin & Lab Was there an autopsy? Yes

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) James R. Nakada M. D.

(Address) 319-21 University Club

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.