

AUG 18 1936

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

Do not use this space.

290221

## 1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City.....

St. Louis, Missouri City Hospital No. 1

B. 5849

Nellie Riddles

File No.....

Registered No. 7795

St.....

Ward)

## 2. FULL NAME.....

1311 a Montgomery 26

(a) Residence, No. ....  
(Usual place of abode)

Ward.

(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

## MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)

female

white

married

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

John

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1906

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1  
day, ..... hrs.  
or ..... min.

36

2

4

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.

hbk

9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.

Prof

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)

California

FATHER

13. NAME Robert Praster

14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY) Kansas

MOTHER

15. MAIDEN NAME Delia (Unknown)

16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY) Unknown17. INFORMANT Hosp. Info. H. H. Kent  
(ADDRESS) City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bonne Terre, Mo. DATE July 24, 1936

19. UNDERTAKER Benham Mrs. W.  
(ADDRESS) Bonne Terre, Missouri20. FILED JUL 22 1936 J. F. Brebeck  
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/21/86 19

22. I HEREBY CERTIFY, That I attended deceased from  
7/16/36, 19, to 7/21/86, 19.

I last saw her alive on 7/21/36, 19. Death is said

to have occurred on the date stated above, at 10:05 mP

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

Date of onset

Ca of Septicoid

Other contributory causes of importance:

Peritonitis

Name of operation Laparotomy Date of 7-19-36

What test confirmed diagnosis? 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) J. F. Brebeck, M. D.

(Address) City Hospital No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

From  
W. T. ...  
P. ...