

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.

JAN 10 1937

46667

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis, Mo.(No. 500 So. Kingshighway)

File No.....

Registered No.....

12461St. ST. LOUIS CHILDREN'S HOSP. Ward)

2. FULL NAME

Ida Nadine Maas(a) Residence, No. 3439IndianaSt., 24

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds.

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)

Child

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/3/36

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

0

11

17

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.

Child

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

FATHER

13. NAME GeorgeMAAS14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)St. Louis, Mo.

MOTHER

15. MAIDEN NAME Sophie Norrenberns16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)St. Louis, Mo.

17. INFORMANT

C. Schroeder

(ADDRESS)

500 So. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL

PLACE SS Peter & PaulDATE Dec. 221936

19. UNDERTAKER

(ADDRESS)

Wacker-Helderle
2331 S. Broadway

20. FILED

DEC 21 1936Jeff Bredeck
Registrar.

791

1003

ST. LOUIS CHILDREN'S HOSP.

24

Ward.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/20/36, 1922. I HEREBY CERTIFY, That I attended deceased from 12/10/36, 1936, to 12/20/36, 1936.I last saw h..... er 12/20/36, 19..... Death is saidto have occurred on the date stated above, at 7:50a.m.

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

- Brain cluquococci Date of onset 12/16/36
- Bi-colored pleurisy & effusion 12/19/36

Other contributory causes of importance:

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

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) Ralph N. Parlow, M. D.(Address) 1500 So. Kingshighway

