APR 20 1936

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

Do not use this space.

File No. 48213

1. PLACE OF DEATH
County: St Louis — Registration District No. 1170
Township: Central — Primary Registration District No. 6248 H. — Registered No. 102.
City: Richmond Heights — St. Mary's Hospital — St. ..... Ward)

2. FULL NAME: Stillborn of Lester and Rose Nichting

(a) Residence, No. ..... 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Nil

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 4-1936

7. AGE: YEARS: Stillborn — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Nil
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) (STATE OR COUNTRY): St Louis Co Mo

FATHER

13. NAME: Lester Nichting
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

MOTHER

15. MAIDEN NAME: Rose Leible
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Perry Co Mo

17. INFORMANT (ADDRESS): Lester Nichting 5200 Louisiana Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Charleston Mo April 6 1936

19. UNDERTAKER (ADDRESS): Wacker-Helderle 7331 Gravois Broadway

20. FILED April 6, 1936 Gertrude Porter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1:15 p.m.

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

Stillborn

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

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) C. C. Pleasant, M. D.
(Address) 4541 Delmar

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.

WRITE PLAINLY, WITH INKING—THIS IS A PERMANENT RECORD