

MAR 13 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Jackson*Registration District No. *399*File No. *6223*Township *Raw*Primary Registration District No. *1002*Registered No. *6223*City *St. Louis* (No. *106*)St. Joseph Hospital (No. *1*) Ward

2. FULL NAME

(a) Residence, No. *3609 Cleveland* 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

Female

4. COLOR OR RACE

W.

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)

Sept. 16 1861

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

*66**75**4**15*

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

Retired Stenog-

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

rapher

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)

Sherril, Iowa

13. NAME

Jacob Nirt

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

Germany

15. MAIDEN NAME

Mary Weir

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

Germany

17. INFORMANT

(ADDRESS) *Miss Lulu Michler*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Calvary*DATE *Feb 5 1937*

19. UNDERTAKER

(ADDRESS) *Wagner Funeral Home*

20. FILED

72 1937 M. M. Crowe

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 1, 1937*

22. I HEREBY CERTIFY, That I attended deceased from

*Jan. 4 1937 to Feb. 1 1937*last saw her alive on *Feb. 1, 1937*. Death is saidto have occurred on the date stated above, at *8 p.* m.

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

*enter, transverse fracture of left femur*Date of onset *1/4/37*

Other contributory causes of importance:

*Bronchial Pneumonia 1/14/37
Thyrototoxicosis 1/1/37*Name of operation *Set fracture* Date of *1/13/37*What test confirmed diagnosis? *X-ray* Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? *Fail* Date of injury *Jan 4, 1937*Where did injury occur? *Kansas City, Mo.*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

*In freight home.*Manner of injury *Fall*Nature of injury *enter, transverse fracture femur*24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify

(Signed) *John R. Lewis*, M. D.(Address) *3546 Louisiana*

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.

3548 Suburban

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