APR 27 1937

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

Do not use this space.

13527

1. PLACE OF DEATH

County ..... Registration District No. 790 File No. .....

Township ..... Primary Registration District No. 60339 Registered No. 72

City ..... (No. Village of LaDue St. ..... Ward)

2. FULL NAME Josephine Nigey

(a) Residence, No. Village of LaDue 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: White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31, 1860

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
76	6	15	

OCCUPATION

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

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 Missouri

FATHER

13. NAME John Sweeney

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

MOTHER

15. MAIDEN NAME Josephine Todd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis. Missouri.

17. INFORMANT (ADDRESS) Mrs. Peter Reining. LaDue Villa ge.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bethany DATE Feb. 19, 37, 19

19. UNDERTAKER (ADDRESS) Bensel Niehaus 1138 N 6 St

20. FILED 2/19, 1937 Dr. A. J. Liguorelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feby 6, 1937, to Feby 16, 1937

I last saw her alive on Feby 15, 1937. Death is said to have occurred on the date stated above, at 9 a.m.

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

Lobar pneumonia

Date of onset

Other contributory causes of importance:

105

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) R. B. Denny, M. D.

(Address) Creve Coeur Mo

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.