

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

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City **St. Louis** (No. **3435 Koscuisko St.**)

File No. **22196**
 Registered No. **5948** St. _____ Ward _____

2. FULL NAME **Edward F. Nachtweih**

(a) Residence, No. **3435 Koscuisko** St. **24** 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

3. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March-8-1874.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 3 8

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brewery Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Retired)
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, Mo.**

FATHER
13. NAME Unknown

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

MOTHER
15. MAIDEN NAME Unknown

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

17. INFORMANT **Lizzie Nachtweih**
 (ADDRESS) **3435 Koscuisko St.**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Park Lawn Cemetery** DATE **June-19-** 19**37**

19. UNDERTAKER **Wacker-Helderle**
 (ADDRESS) **2331 S. Broadway**

20. FILED **JUN 18 1937** **J. P. Bredeck**
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June, 16th.** 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **April 30** 19**37** to **June 16** 19**37**

I last saw him alive on **June 16** 19**37**. Death is said to have occurred on the date stated above, **5.35 P.M.**
 The principal cause of death and related causes of importance were as follows:

Atrophic Hepatic Cirrhosis
 1935
 124 hr
 Date of onset

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? **Acetab** 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) **Adam G. Youngman**, M. D.
 (Address) **5439 Travis**

WRITE CLEARLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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