

S. No. 2  
-11-10-39  
5-17-39  
I X21492

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 26247

Registration District No. 784

Primary Registration District No. 106

Registrar's No. 1312

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town Kirkwood, Mo.  
 (c) Name of hospital or institution: 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME Ama Nitchman, 325  
 (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. 710

4. Sex Female 5. Color or race white  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Ralph Nitchman  
 6. (c) Age of husband or wife if alive 31 years  
 7. Birth date of deceased November 24, 1905  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
34 7 19 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Sligo, Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation H.W.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Christopher Roberts  
 13. Birthplace Sligo Mo  
 (City, town, or county) (State or foreign country)

14. Maiden name Ellie Roberts  
 15. Birthplace Sligo Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Ralph Nitchman  
 (b) Address 130 W. Madison Kirkwood Mo.

17. (a) Burial (b) Date thereof 7/15/40  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Keysville, Mo.

18. (a) Signature of funeral director Don H. Bogg  
 (b) Address Kirkwood, Mo.

19. (a) JUL 15 1940 (b) E. B. Wagers  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County St. Louis  
Kirkwood  
 (c) City or town \_\_\_\_\_  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 130 W. Madison Ave.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month July day 13th  
 year 1940 hour 11 minute 30 a.m.

21. I hereby certify that I attended the deceased from Jan 30th 1940 to July 13th 1940;  
 that I last saw her alive on July 12th 1940;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chrom. Myocardia -  
Chrom. Glomerulo - nephritis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions ✓  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations ✓

Of autopsy ✓

PHYSICIAN  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓

(b) Date of occurrence ✓

(c) Where did injury occur? ✓  
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
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While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature E. B. Wagers (M. D. or other) ✓  
 Address Kirkwood, Mo. Date signed 7-13-40

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Louis H Boff, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Louis H Boff

Licensed Embalmer No. 921

P. O. Address Hickwood Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**