

JUN 28 1935

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

Do not use this space.

176965  
176965

## 1. PLACE OF DEATH

County St. Louis  
Township Central  
City St. Louis (No. 1830, Kiener Ave)

Registration District No. 789  
Primary Registration District No. 6033

File No. ....  
Registered No. 150 St. .... Ward)

2. FULL NAME Carrie Naish

(a) Residence, No. 1830 Kiener Ave 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles Naish</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>February 28 1861</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>3</u>
	DAYS <u>2</u>	If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	11. Total time (years) spent in this occupation.....
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At home</u>	
	10. Date deceased last worked at this occupation (month and year).....	

12. BIRTHPLACE (CITY OR TOWN) Oakville  
(STATE OR COUNTRY) Illinois13. NAME Henry Hildebrand14. BIRTHPLACE (CITY OR TOWN) ?  
(STATE OR COUNTRY) Germany15. MAIDEN NAME Don't know16. BIRTHPLACE (CITY OR TOWN) Don't know  
(STATE OR COUNTRY)17. INFORMANT Mrs. Carrie Stanton  
(ADDRESS) 1830 Kiener Ave.18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Johns Cem. DATE June 1 193519. UNDERTAKER Geo. L. Plittsch Inc.  
(ADDRESS) 5966 Eastern Ave20. FILED 6-1- 1935 W. Baehner  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 193522. I HEREBY CERTIFY, That I attended deceased from May 20 1935 to May 30 1935I last saw him alive on May 29 1935. Death is saidto have occurred on the date stated above, at 10.9 m.

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

Chronic valvular  
Heart disease  
Arteriosclerosis  
Date of onset 9/1-30Other contributors to cause of importance:  
Arteriosclerosis 1/18/30Name 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 ✓ 1935Where 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? noIf so, specify John Doe(Signed) John Doe, M. D.(Address) 1497 1/2 Broadway

