

MAY 7 1936

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **2003**
City **St. Louis** (No. **2850** **Lemp Ave**)

File No. **17076**
Registered No. **3829**
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. **2850 Lemp Ave**, **24** 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Conard Nichols</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov. 22 - 1875</i>		
7. AGE	YEARS <i>60</i>	MONTHS <i>4</i>
	DAYS <i>14</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>	
	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) <i>St. Louis Mo.</i>		
FATHER	13. NAME <i>Christian Mueller</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Berlin Germany</i>	
MOTHER	15. MAIDEN NAME <i>Unknown</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
17. INFORMANT (ADDRESS) <i>Conard Nichols Jr 1308 Sidney</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>New St. Marcus April 9th 1936</i>		
19. UNDERTAKER (ADDRESS) <i>Witt Bros & Co 2929 So Jefferson Ave</i>		
20. FILED APR 8 1936 <i>J. F. Bredeck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 6*, 19*36*

22. I HEREBY CERTIFY, That I attended deceased from *March 24*, 19*35*, to *April 4*, 19*36*

I last saw him alive on *April 4*, 19*36*. Death is said to have occurred on the date stated above, at *1925 A* m.

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

Carcinoma of Right leg

Other contributory causes of importance: *53*

Name of operation *none* Date of

What test confirmed diagnosis? *2* Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *no* Date of injury, 19

Where did injury occur? *no*
(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? *no*

If so, specify

(Signed) *W. S. Payne*, M. D.
(Address) *1813 J. B. ...*

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.

