

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.

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

30497
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City St. Louis (d) Street No. St. Anthony's Hosp. St. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Virginia Lee Nerviani **615**

(a) Residence, No. 5702 Goener Ave. St. **2** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-7-38

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 12 hrs.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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) St. Louis 0
(STATE OR COUNTRY) Mo.

FATHER 13. NAME Ernie Nirviani 0

14. BIRTHPLACE (CITY OR TOWN) St. Louis 0
(STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Dorothy Reiner

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

17. INFORMANT Ernie Nirviani
(ADDRESS) 5702 Goener

18. BURIAL, CREMATION, OR REMOVAL
PLACE Old S. S. Peter DATE Paul 9/8/38

19. FUNERAL DIRECTOR (NAME) J. L. Ziegenhein
(ADDRESS) 7027 Gravois Ave.

20. FILED **SEP - 8 1938** J. D. Bricker
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 9 10:30 AM 1938, to Sept 9 9 PM 1938
I last saw her alive on Sept 7 1938. Death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Injuries (Rich)

160 lb

Other contributory causes of importance: 160 lb

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

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) A. M. Gandy M. D.
(Address) 1703 So. Grand

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

Registered Apprentice No....., working under my personal supervision.

Signed *Clarence P. Kildwell*

Licensed Embalmer No. *3877*

P. O. Address *6937 9 Graves*

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.