

S. No. 2
4-13-40
5-17-39
I X23139

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25
25
Registrar's No. _____

Registration District No. 1003

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 Days
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Julia Nitsch
3. (b) If veteran, name war no.
3. (c) Social Security No. 709-09-2576

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced, widow
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 24 1891
(Month) (Day) (Year)

8. AGE: Years 49 Months 6 Days 8
If less than one day _____ hr. _____ min.

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

10. Usual occupation Car Cleaner

11. Industry or business Pullman Co.

12. Name Unknown Jerganski

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Ferdinand Nitsch

(b) Address 2209⁹ Arsenal St.

17. (a) Cremation (b) Date thereof 1-5-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation no Crematory

18. (a) Signature of funeral director With Burial

(b) Address 2929 S. Jefferson Ave.

19. (a) 1-3-41 (b) J. J. Bredecki
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2209⁹ Arsenal St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2,
year 1941 hour 2:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from December 17,
1940, to January 2, 1941.

that I last saw her alive on January 2, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach with metastases

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) _____
(e) Means of injury _____

23. Signature Wm H. Collins (M. D. or other) _____
Address 1515 Lafayette Avenue Date signed 1/2/41

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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.....

Paul A. Shanklin

....., Registered Apprentice No.

working under my personal supervision.

Signed *Paul A. Shanklin*

Licensed Embalmer No. *3472*

P. O. Address *99998 Jefferson*

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, fact should be so stated above.