Do not use this space.

FEB 1 1935

791

No.03

3514

1. PLACE OF DEATH

County .... Registration District No. .....

Township ...St Louis Co... Primary Registration District No. .....

City ...St Louis... (No. 6316 Lucille av... St. ..... Ward)

File No. .....

Registered No. 821

2. FULL NAME Nellie Riess

(a) Residence, No. 6316 Lucille ... St., 7 Ward.
(Usual place of abode)

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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 1886

7. AGE YEARS 48 MONTHS 11 DAYS 6 | If LESS than 1 day, ...hrs. or ......min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... At home

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) St Louis Mo

FATHER

13. NAME John Landers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

MOTHER

15. MAIDEN NAME Mary Meyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Orleans La

17. INFORMANT (ADDRESS) Fred W Riess 6316 Lucille av

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Jan 24 1935

19. UNDERTAKER (ADDRESS) Stock Carroll 4600 Natl Bridge

20. FILED ..... 19 ... J S Bredeck ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20th 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 19... to Jan 20, 1935

I last saw her alive on Jan 20 19 35 Death is said to have occurred on the date stated above, at 4:45 m.

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

	Date of onset
Carcinoma of Liver	6-28-34

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Date of 9-7-34
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) R Emmett Byrnes M.D.

(Address) 3802 N Grand Blvd