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

Do not use this space.

35359

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 10544

City St. Louis (No. 2530, North Market St. ..... Ward)

2. FULL NAME Edwin Nash

(a) Residence. No. 2530 N. Market St., 20 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. — mos. — ds. How long in U.S., if of foreign birth? 57 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widower of Amelia A. Nash

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 7. 1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	77	9	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Jeweler

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) Tenderden
(STATE OR COUNTRY) England

PARENTS

10. NAME OF FATHER A. Nash

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown

14. INFORMANT Chester Falcher
(Address) 2530 N. Market St.

15. FILED 07 25 1927 Max C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-22- 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1922 to Nov 22, 1922 that I last saw him alive on Nov 22, 1922 and that death occurred, on the date stated above, at 7.30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of stomach and liver

46B

44E (duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (SECONDARY) 44A (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Emma Ross, M. D

, 19 (Address) 19189 Granda

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Bethania Cemetery	11/25 1927
20. UNDERTAKER	ADDRESS
Henry Alewel	3219 Russell

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.