

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

Do not use this space.

11456

1. PLACE OF DEATH

County.....
 Township.....
 City St. Louis (No. 4227)

Registration District No. 791
 Primary Registration District No. 1003
Greene St

File No.
 Registered No. [3299
 St. Ward)

2. FULL NAME Anthony Nissen

(a) Residence. No. St., 10 Ward.
 (Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Clementine Nissen (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 12th 1872

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ____ hrs. or ____ min.
	<u>56</u>	<u>1</u>	<u>8</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Fireman
 (b) General nature of industry, business, or establishment in which employed (or employer) Mallyncockett
Omnichel Co
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

10. NAME OF FATHER Hans Nissen

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

12. MAIDEN NAME OF MOTHER Not known

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

14. INFORMANT Clementine Nissen
 (Address) 4227 Grove St

15. FILED MAR 23 1928
Wm C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 20th 1928

17. I HEREBY CERTIFY That I attended deceased from Mar 18, 1928, to Mar 20, 1928, that I last saw him alive on Mar 20, 1928, and that death occurred, on the date stated above, at 1:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
93 myocardial infarction Acute
718
88 B
 (duration) yrs. mos. 3 da.

CONTRIBUTORY (SECONDARY) Anaemia acute
 (duration) yrs. mos. 3 da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Howard M. Foster, M. D
 , 19 (Address) 4065 St. Louis Ave,

*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 No Crematory DATE OF BURIAL Mar 24th 1928

20. UNDERTAKER Math Hermann & Son 4103rd Florissant Ave ADDRESS

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.

