

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

Do not use this space.

42745

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 5412, Thrush Ave) St. _____ Ward _____

File No. _____
 Registered No. 12533

2. FULL NAME

Edward Frederick Nerls
 (a) Residence, No. 5412 Thrush Ave St., 7 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 23rd 1929
 17. I HEREBY CERTIFY, That I attended deceased from Oct. 18th, 1928, to Dec 23rd, 1929 that I last saw him, alive on Dec 23rd, 1929, and that death occurred, on the date stated above, at 10:10 A.m.

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:
mitral Regurgitation

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 13-1882
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
47 11 10

CONTRIBUTORY (SECONDARY) Hyperstatic Congestion of the Lungs (duration) - yrs. 2 mos. - ds. 3

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Steam fitter
 (b) General nature of industry, business, or establishment in which employed (or employer) "
 (c) Name of employer St. Louis Car Co.

18. WHERE WAS DISEASE CONTRACTED 900
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

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

10. NAME OF FATHER Wm. Nerls

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

12. MAIDEN NAME OF MOTHER Martha Neufmann

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

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) Dr. Gust Stejneger, M. D.
12/24, 1929 (Address) 5536 Robin Ave

14. INFORMANT Wm. Nerls
 (Address) 5412 Thrush 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.

15. FILED DEC 24 1929 Max C. Stuber REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Ferdinand Cem. Florissant Mo DATE OF BURIAL Dec 26 1929

20. UNDERTAKER Grumshurg and Co ADDRESS 4740 W. Florissant

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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