JUL 8 - 1937

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

Do not use this space.

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22318

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 6070

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis, Mo. (No. 8512 Church Road. 2 St. ..... Ward)

2. FULL NAME Harry E. Nelson. 1

(a) Residence, No. 8512 Church Road. St., 8 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

3. SEX: Male.

4. COLOR OR RACE: White.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mathilda C. Nelson. (Diehl)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 2, 1880.

7. AGE: 05 57. YEARS; MONTHS: 4.; DAYS: 20.; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: R.R. Mail Service.

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): Canton Mo.

FATHER

13. NAME: Unknown.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canton Mo.

MOTHER

15. MAIDEN NAME: Unknown.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canton Mo.

17. INFORMANT (ADDRESS): Mathilda C. Nelson. 8512 Churvh Road.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Oak Grove. DATE: June 24, 1937

19. UNDERTAKER (ADDRESS): Math Hermann & Son. 2161 East Fair Ave.

20. FILED JUN 23 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-22, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1937, to June 22, 1937 I last saw him alive on June 21, 1937. Death is said to have occurred on the date stated above, at 5 45 a.m.

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

Chronic myocarditis — Date of onset: ?

Other contributory causes of importance: not known.

Name of operation: none Date of: ✓

What test confirmed diagnosis? Cardio Gram Was there an autopsy? no

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: none

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? none

~~If so, specify~~ Dr. H. F. Miller

(Signed) ....., M. D.

(Address) 8410 N. Bdway

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.

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