

REC'D FEB 10 1939

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

620  
Do not use this space.

**1. PLACE OF DEATH**

(a) County..... Registration District No. 791  
 (b) Township..... Primary Registration District No. 1003  
 (c) City St. Louis (d) Street No. St. Louis City Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** John W. Nestor

(a) Residence, No. 918 So. 4th St. St. 22 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 5 30 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as 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) Elkhart Illinois

FATHER 13. NAME Martin Nestor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) County Clear Ireland

MOTHER 15. MAIDEN NAME Mary Sheehan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Limrick Ireland

17. INFORMANT (ADDRESS) Phil F. Nestor Tecumseh, Nebraska

18. BURIAL, CREMATION, OR REMOVAL PLACE Tecumseh, Nebr. DATE Jan. 23, 1939

19. FUNERAL DIRECTOR (ADDRESS) Tom E. Wherry Tecumseh, Nebraska

20. FILED JAN 20 1939 J. J. Bredeck Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Chronic Myocarditis  
Arterio Sclerosis  
 Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_  
 (Signed) Joseph M. [Signature] M.D.  
 (Address) Deputy Coroner

STATEMENT BY LICENSED EMBALMER

I, Tom Wherry, Licensed Embalmer No. 1627

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Tom Wherry

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Tom Wherry

Licensed Embalmer No. 1627

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**