

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

Do not file this space
11798

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No.

Township.....

Primary Registration District No. **1003**

Registered No. **3797**

City **St. Louis Mo** (No. **3433**) **Laclede** Ave. St. Ward

2. FULL NAME **Alta Sims Nelson**

(a) Residence. No. **3433 Laclede ave**, St. **21** Ward. (If nonresident give city or town and State)

Length of residence in city or town where death occurred **1** yrs. **0** mos. **0** da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** | 4. COLOR OR RACE **Col.** | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED **widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF **X** (OR) WIFE OF **Charlie Nelson**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Sep. 8, 1876**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
51 | **0** | **23**

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Domestic**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Miss**
(STATE OR COUNTRY)

10. NAME OF FATHER **Sylas Edwards**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **not known**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Catheron Gates**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Meridian**
(STATE OR COUNTRY) **Miss**

14. INFORMANT **Ada Smith**
(Address) **3433 Laclede ave**

15. FILED **PR - 5 1022** **May C Starkey** REGISTRAR
19 **22**

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **March 3, 1928**

17. I HEREBY CERTIFY, That I attended deceased from **March 27, 1928**, to **March 3, 1928**, that I last saw him alive on **March 27, 1928**, and that death occurred, on the date stated above, at **11 A.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septicemia from bedsores 18th A 1928
Fracture of Hip 153 B 3 mos. da.
CONTRIBUTORY (SECONDARY) **accidental fall to floor Accident**
18. WHETHER DISEASE CONTRACTED **not known**

19. DID AN OPERATION PRECEDE DEATH? **no** DATE OF _____
WAS THERE AN AUTOPSY? **no**
WHAT TEST CONFIRMED DIAGNOSIS? **Clinical**
(Signed) **Wescent Muller, M.D.**
1111 2, 1928 (Address) **2335 Franklin**

*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 **Washington Park Cemetery** DATE OF BURIAL **4/6/ 1928**

20. UNDERTAKER **Dunn Bros** ADDRESS **2152 Jefferson Ave**

COPY, WITH INK---THIS IS A PERMANENT RECORD

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.

Dr. Wm. O. ...

