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

Do not use this space.

29194
8709

File No.
Registered No.

1. PLACE OF DEATH

County
Township
City St Louis Mo (No. St Mary's Infirmary St. Ward)

Registration District No. 791
Primary Registration District No. 1003

2. FULL NAME Robert Nugent

(a) Residence. No. 1206 Graham St., 4 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) Infant.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 8 1927

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	20	

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

9. BIRTHPLACE (CITY OR TOWN) Hollywood
(STATE OR COUNTRY) Calif

PARENTS
10. NAME OF FATHER Frank R Nugent
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Armanda Charleville
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

14. INFORMANT Armanda Nugent
(Address) 1206 Graham

15. FILED AUG 28 1928 Alex C. Stanley
REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/28 1928

17. I HEREBY CERTIFY, That I attended deceased from 8/27, 1928, to 8/28, 1928 that I last saw him alive on 8/27, 1928, and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia
107A secondary to a partial obstruction
105A of the bronchi of organic or nature
158 (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Inanition
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Clinical obs & autopsy

(Signed) Gaudens H. Guill M. D.
8/28, 1928 (Address) 1536 Pifin

*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 Calvary Cem
DATE OF BURIAL 8/29 1928

20. UNDERTAKER Cavanaugh Undertaking Co
ADDRESS 7146 Manchester

Dr. L. H. Grelle

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.