

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

Do not use this space.

6335

1. PLACE OF DEATH

County St. Louis Registration District No. 1170

Township Levee Primary Registration District No. 248A

City Providence Heights No. 1335 Highland Terrace St. (Ward)

File No. _____

Registered No. 26

2. FULL NAME

(a) Residence. No. 1335 Highland Terrace

(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)

Widower

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

Anna Nielt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 8 - 1854

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>75</u>	<u>10</u>	<u>0</u>	

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work. Clerk
- (b) General nature of industry, business, or establishment in which employed (or employer). Car Phone Business
- (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

10. NAME OF FATHER Nathaniel Nielt

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

12. MAIDEN NAME OF MOTHER Don't Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Don't Know

14. INFORMANT Mr. G. E. Webster
(Address) 1335 Highland Terrace

15. FILED 2/8 19 30 G. L. Jensen
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 8 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov. 20 1929, to Feb. 8 1930, that I last saw her alive on Feb. 4 1930, and that death occurred, on the date stated above, at 4:52 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Hepatitis
12.5 B
162
124 B
(duration) yrs. 3 mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical examination
(Signed) Henry Hanson, M. D.

, 19 (Address) Hickwood

*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 Oak Hill Cemetery Kirkwood DATE OF BURIAL 2/10 1930

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 Wood St.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAR 28 1930

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