

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

Do not use this space.

17765

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis, Mo. (No. city Hospital # 2)

File No. ....

Registered No. 4861

St. ....

Ward) .....

**2. FULL NAME** Nathaniel Laster

(a) Residence. No. 2628 Howard St., 20 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds.

How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3 MEDICAL CERTIFICATE OF DEATH**

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-15-1930

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

17. I HEREBY CERTIFY, That I attended deceased on 5-14-1930 to 5-15-1930 that I last saw him alive on 5-15-1930 and that death occurred, on the date stated above, at 6:35 A.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) unknown

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. abt. 8 - - -

Acute military Tuberculosis Chest + intestines  
(duration) yrs. mos. ds. 8

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Student 23A 25 (b) General nature of industry, business, or establishment in which employed (or employer) 32A (c) Name of employer

CONTRIBUTORY (SECONDARY) 37 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

10. NAME OF FATHER Roosevelt Laster

DID AN OPERATION PRECEDE DEATH? No DATE OF... WAS THERE AN AUTOPSY? No

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

WHAT TEST CONFIRMED DIAGNOSIS clinical (Signed) A. H. Hale M. D.

12. MAIDEN NAME OF MOTHER Margaret Larry

(Address) 5/16/1930 city Hosp. # 2

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

\*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.

14. INFORMANT A. Gertrude Creath (Address) City Hospital # 2

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Father Dixon Cemetery DATE OF BURIAL 5/19 1930

15. FILED 19 1930 REGISTRAR E. Barker

20. UNDERTAKER Ellis Funeral Home ADDRESS 820 Stoddard St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

