

WRITE PLAINLY, WITH UNFADING 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.

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

Do not use this space.

**1. PLACE OF DEATH**

County ..... Registration District No. 78  
 Township ..... Primary Registration District No. 1008  
 City St. Louis (No. City Hospital)

File No. 42177  
 Registered No. 12047  
 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 6614 Hoffman St. Ward. 3  
 (Usual place of abode)  
 Length of residence in city or town where death occurred Life 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*) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29-1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....	hrs. or .....	min.
	<u>67</u>	<u>6</u>	<u>2</u>			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 51

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation. 51

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

13. NAME Charley Nehring

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

15. MAIDEN NAME Jennie Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Hospital Information Grace Hospital City Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Matthews DATE Dec 4-1931

19. UNDERTAKER (ADDRESS) 2020 W. Schuyler St. St. Louis

20. FILED DEC - 3 1931 1931 W. A. Stewart Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 1st 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1931 to Dec. 1st, 1931

I last saw him alive on Dec. 1st, 1931. Death is said to have occurred on the date stated above, at 11:50 a.m.

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

Carcinoma of prostate and bladder with abdominal urinary retention  
Chronic nephritis with uremia. Primary seat of carcinoma unknown

Other contributory causes of importance:  
Hypostatic terminal pneumonia #103

Name of operation? Clinical Post mortem  
 What test confirmed diagnosis? ..... Was there an autopsy? yes

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 W. Scherman M. D.

(Signed) W. Scherman M. D.  
 (Address) City Hospital

rearing