

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

Do not use this space.

10322

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. Deaconess Hosp.) St. _____ Ward _____

File No. _____
Registered No. 2344
St. _____ Ward _____

2. FULL NAME

William A. Nelson
(a) Residence, No. 4724 N. Kennington St., 12 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) Widower

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 51

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

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenville Illinois

13. NAME Unknown

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) Geo. J. Jones Post Dispatch

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery, March 11, 1932

19. UNDERTAKER (ADDRESS) Wagoner Undertaking Co. 1221 N. 1st St. St. Louis, Mo.

20. FILED 11 15 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1932, to March 9, 1932

I last saw him alive on March 9, 1932 Death is said

to have occurred on the date stated above, at 9 A. M.

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

Bronch. Pneumonia

Date of onset 3/5/32

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

(Signed) A. P. Pfeiffer M. D.

(Address) 1020 Mo. Bldg. - St. Louis

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

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