

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.

7817

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City Saint Louis (No. Enroute City Hosp. #2)

File No.....
Registered No. 1787
St. Ward)

2. FULL NAME Monroe Nelson

(a) Residence, No. 3203a Lucas Avenue St., 21 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. REMARRIED WIDOWED, OR DIVORCED HUSBAND OF (or wife of) <u>Unknown</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 15th, 1878</u>		
7. AGE YEARS <u>55</u>	MONTHS <u>1</u>	DAYS <u>29</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Streckfus Steamboat Co.</u>			
	10. Date deceased last worked at this occupation (month, year)..... <u>Unknown</u>		11. Total time (years) spent in this occupation <u>Unk</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Tennessee</u>				
FATHER	13. NAME <u>Henry Nelson</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>			
MOTHER	15. MAIDEN NAME <u>Alice Hughes</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Alabama</u>			
17. INFORMANT <u>Peter Nelson</u> (ADDRESS) <u>3517 Clark Avenue</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington Park</u> DATE <u>Feb. 21st, 1933</u>				
19. UNDERTAKER <u>Charles J. Bates</u> (ADDRESS) <u>4107 Finley Avenue</u>				
20. FILED <u>FEB 21 1933</u> <u>W. C. Starkley</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

1 DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14th, 1933

2 I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at 5:15 P.m.
The principal cause of death and related causes of importance were as follows:
Date of onset

Obstruction of coronary arteries at openings behind aortic valves

Other contributory causes of importance:
94B 94B 94B

Name of operation..... Date of.....
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?.....
If so, specify.....
(Signed) Harold C. Egan, M.D.
(Address) Deputy coroner

2/21/33

10/10/10