

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

Do not use this space.

18178

**1. PLACE OF DEATH**

County..... Registration District No. 797  
Township..... Primary Registration District No. 700  
City St Louis Mo (No. City Hospital)

File No. ....  
Registered No. 4386  
St. .... Ward)

**2. FULL NAME** JACK NELSON

(a) Residence, No. 5643 Katada St., 6 Ward.

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2nd 1882

7. AGE YEARS 50 MONTHS 10 DAYS 16 If LESS than 1 day, ..... hrs. or ..... min.

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

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

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) Indiana

13. NAME Andrew Nelson

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

15. MAIDEN NAME Not known

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

17. INFORMANT (ADDRESS) Raina Nelson 5643 Katada Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem DATE May 20 1933

19. UNDERTAKER (ADDRESS) My Reider 1417 My Market St

20. FILED MAY 19 1933 J. H. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18th 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 6th 1932 to May 18th 1933

I last saw him alive on May 18th 1933 Death is said to have occurred on the date stated above, at 2:50 p.m.

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

Amyloid Degeneration of the Liver Date of onset 12/16/32  
Syphilis Primary 1901

Other contributory causes of importance: None

Name of operation None Date of.....  
What test confirmed diagnosis? KAHN Was there an autopsy? No

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) Edwin J. Finkbeiner, M. D.  
(Address) 3635 N. Reservoir Ave

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.

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