

**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. 791  
Township..... Primary Registration District No. 12  
City St. Louis Mo (No. City Hospital #2)

File No. **21658**  
Registered No. **5457**  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 41137 Fairfax St. 11 Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 - - -

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gantor  
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) Miss

MOTHER FATHER  
13. NAME Ben Nelson

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

MOTHER FATHER  
15. MAIDEN NAME Chloe ?

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

17. INFORMANT A. S. Temple, Deaths  
(ADDRESS) City Hospital #2

18. BURIAL, CREMATION OR REMOVAL PLACE Washington Park DATE June 26, 1933

19. UNDERTAKER G. W. Bruce  
(ADDRESS) 103 N. Syracuse

20. FILED 11 21 1933 G. F. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-20, 1933  
22. I HEREBY CERTIFY, That I attended deceased from 5-19-1933 to 6-20-1933  
I last saw him alive on 6-29-1933. Death is said to have occurred on the date stated above, at 12 m.  
The principal cause of death and related causes of importance were as follows:

137  
Acute nephritis  
137 | 37 | 2 weeks  
Other contributory causes of importance:  
Adenomatous Prostate

Name of operation Prostatectomy Date of 6-3-33  
What test confirmed diagnosis? Ch. Lat. 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 Russell Smith M. D.  
(Signed) City Hospital #2  
(Address)

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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