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.

SEP 26 1933

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

Do not use this space.

27936

1. PLACE OF DEATH

County ..... Registration District No. 21

Township ..... Primary Registration District No. 33

City St. Louis (No. City Hospital #1 St. ..... Ward)

File No. ..... Registered No. 6987

2. FULL NAME Nelson Olson

(a) Residence, No. 1495 Arlington Ave 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3, 1866

7. AGE: YEARS 67 MONTHS 3 DAYS 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Sweden

FATHER

13. NAME Not Known

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

MOTHER

15. MAIDEN NAME Not ~~Known~~

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

17. INFORMANT (ADDRESS) Mrs. Kate Olson 1495 Arlington Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Aug. 14 1933

19. UNDERTAKER (ADDRESS) Math. Hermann & Son 2161 East Fair Ave.

20. FILED ..... 19 J F Bredeck Registrar.

AUG 12 1933

MEDICAL CERTIFICATE OF DEATH

No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 10 1933

22. 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 4:00 p.m.

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

Carbolic Acid Poisoning, self administered at residence, August 10, 1933

While suffering temporary

Other contributory causes of importance:

mental aberration

Suicide

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury ..... 19...

Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John [illegible] M. D.

(Address) Deputy Coroner

8/12/33