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.

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

Do not use this space.

APR 25 1934

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 11061

Township ..... Primary Registration District No. 1003 Registered No. .....

City St Louis (No. 6927 Garner ave St. 2921 Ward)

2. FULL NAME Nathaniel B. Jerome

(a) Residence, No. 6927 Garner ave St., 4 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 Milly Jerome

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1880

7. AGE: about 53 YEARS — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME Samuel O. Jerome
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Astabulla Ohio

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Milly Jerome 6927 Garner ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Crematory DATE 3-24 1934

19. UNDERTAKER (ADDRESS) Kriegshauser Mortuaries 4228 Lottingshuysen Blvd.

20. FILED MAR 23 1934 J F Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1933, to March 21, 1934

I last saw him alive on March 21, 1934. Death is said to have occurred on the date stated above, at 9:25 A m.

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

	Date of onset
Acute Gastritis	3/21/34
Cause from Oyster	4 P.M.
Stew and Biscuits	
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Other contributory causes of importance:
Lt Hemiplegia Apoplexy
Arteriosclerosis
Myocarditis Chronic

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? ..... 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) M B Houghton M. D.

(Address) 3831 Market St. (Houghton)

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