

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis

Registration District No. 790

File No. 14160

Township

Primary Registration District No. 6033^e

Registered No. 121

City Clayton, Mo.

(No. St. Louis Co. Hosp)

St. _____ Ward)

2. FULL NAME

John Robert Nelson

(a) Residence, No. 1019 East Park St., _____ Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 54 2 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 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) England

MOTHER/FATHER 13. NAME John Nelson

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

15. MAIDEN NAME Don't know

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

17. INFORMANT (ADDRESS) Mrs Eva Stiffer
1019 East Park Ave.

18. BURIAL, CREMATION, OR REMOVAL Evansville Ind. DATE April 27, 1934

19. UNDERTAKER (ADDRESS) Joe J. Clark,
1125 N. L. Williams Ave.

20. FILED 4/27 1934 Robt J. Anderson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:45 p.m.

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

Chr. endocarditis, (Chr. myo-carditis, generalized arterio-sclerosis, cerebral edema, Fibrinous pneumonia, involving most of the right lung. Date of onset _____

Other contributory causes of importance: 104
Myocardial decompensation, coronary sclerosis, with almost complete occlusion. Toxemia, due to the congestive stage of pneumonia.

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy 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) J. B. Turner M. D.

(Address) 3718 Juniper

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.

From every evidence alcoholic type.

Verdict of jury: From alcoholic
poisoning.