

MAY 25 1934

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

Do not use this space.

14225

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. En Route City Hosp #1)

File No.

Registered No. 3374

St. Ward

2. FULL NAME Arnold Nash(a) Residence, No. # 4 N. SPRING St. 19 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 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) June 1 - 1930

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
3 10 9 0

OCCUPATION

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

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) St. Frances (STATE OR COUNTRY) MISSOURI

MOTHER FATHER

13. NAME OMER NASH14. BIRTHPLACE (CITY OR TOWN) MO. (STATE OR COUNTRY)15. MAIDEN NAME MYRTIE HELMS16. BIRTHPLACE (CITY OR TOWN) Sligo (STATE OR COUNTRY) MO.17. INFORMANT OMER NASH (ADDRESS) 4 N. SPRING

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Matthews DATE April 5 193419. UNDERTAKER W. C. Gaglian (ADDRESS) 1037 N. Sprague20. FILED FR - 1 1934 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1 1934

22. I HEREBY CERTIFY, That I attended deceased from

, 1934, to , 1934.I last saw h..... alive on....., 1934. Death is saidto have occurred on the date stated above, at 3:50 m.

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

209M
Traumatic Rupture of Abdominal Aorta, Laceration of Inferior Vena Cava, Rupture of Leg, sustained when struck
Date of onset

and was caused by street car in St. Louis, Mo.
Deceased was a pedestrian.
No auto involved.

Other contributory causes of importance:

and was caused by street car in St. Louis, Mo.
Deceased was a pedestrian.
No auto involved.

Name of operation Accident Date of.....What test confirmed diagnosis? Was there an autopsy? Yes23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 4/1 1934Where 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.

Manner of injury Public PlaceNature of injury Traumatic Rupture of Abdominal Aorta

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

If so, specify.....

(Signed) J. J. Bredeck(Address) St. Louis, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

