NOV 13 1934

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

Do not use this space.

37722

File No. 10173

Registered No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City St Louis Mo (No. 2609 S. Grand St. Ward)

2. FULL NAME Mr Nels Nelson

(a) Residence, No. 2609 S Grand St., 17 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 70 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): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Fannie Jokerst

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 23 - 1841

7. AGE: Years 92 | Months 9 | Days 27 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hydraulic Press Brick Co

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: Nels Nelson Sr.

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 Susan S Shaw 2609 S. Grand

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Mathews Cemetery DATE Oct. 20, 1934.

19. UNDERTAKER (ADDRESS): Philip M. Craig 4468 Washington Blvd.

20. FILED OCT 20 1934 19 Jos F. Redeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from —, 1930, to Oct 19, 1934

I last saw him alive on Oct 18, 1934. Death is said to have occurred on the date stated above, at 2 30 p m.

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

	Date of onset
Chronic Lues Syphilis	Unk.
12/0,30	
Other contributory causes of importance: Chronic Myocarditis	5 yrs

Name of operation: no Date of —

What test confirmed diagnosis? Autopsy 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) Wm D. Cutterside M. D.

(Address) 2103 Pierce St

10/20/34

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.