

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

Do not use this space.

JUN 28 1935

20916

**1. PLACE OF DEATH**

County St. Louis Registration District No. 788  
 Township Central Primary Registration District No. 4471  
 City Webster Groves No. 307 Edgar  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 58  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 348 S. Olive St., \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 41 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

SEX	4. COLOR OR RACE		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
	<u>Female</u>	<u>White</u>	<u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm A. Nelson</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 25 1866</u>					
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.	
	<u>74</u>	<u>5</u>	<u>8</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>at Home</u>				
	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) <u>Dover Delaware</u>					
MOTHER FATHER	13. NAME <u>Peter Vandever</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Delaware</u>				
	15. MAIDEN NAME <u>Kate McCollach</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>				
17. INFORMANT <u>J. C. Wilson</u> (ADDRESS) <u>Webster Groves, Mo.</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maple Hill</u> DATE <u>6-5-35</u>					
19. UNDERTAKER <u>Parke and Co</u> (ADDRESS) <u>Webster Groves</u>					
20. FILED <u>6-5-35</u> <u>Jules R. Gore</u> Registrar.					

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1935

22. I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw her alive on May 30, 1935. Death is said to have occurred on the date stated above, at 10 P. M.

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

Arteriosclerosis  
Coronary sclerosis

Date of onset \_\_\_\_\_

Other contributory causes of importance:

AK

Name of operation Thor 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? None Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? Home (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) Frank P. Gaunt, M. D.  
 (Address) 16 N. 3rd Webster Groves

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.

