

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.

SEP 16 1935

**791
1003**

27815
6898

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. St. Anthony Hospital) St. _____ Ward _____

2. FULL NAME William P. Nestle

(a) Residence, No. 7721 Devonshire Ave. St. NR 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) July 24, 1935.				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	--	--	19	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....	None
	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) St. Louis, Mo.

MOTHER FATHER 13. NAME Eugene M. Nestle.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER 15. MAIDEN NAME Marcella Schulte.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT Mrs. Marcella Nestle
(ADDRESS) 7721 Devonshire Ave.

18. BURIAL, CREMATION, OR REMOVAL
SS. Peter & Paul Cem. DATE Aug. 14, 1935

19. UNDERTAKER (ADDRESS) J. N. Gilbert & Co.
2842 Laramie St.

20. FILED Aug 13 1935 19. J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 13, 1935

22. I HEREBY CERTIFY That I attended deceased from July 24, 1935 to Aug 13, 1935
I last saw him alive on Aug 12, 1935. Death is said to have occurred on the date stated above, at 2:00 P. M.
The principal cause of death and related causes of importance were as follows:

Date of onset _____
Cholera Infantum
Intestinal Permeability
Other contributory causes of importance: _____

Name of operation None Date of _____
What test confirmed diagnosis? Microscopy 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) Julius Charles Rutter, M. D.
(Address) 2603 Cherokee St

