

APR 25 1936

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

Do not use this space.

17501

791

1003

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis, Mo. (No. 4438), Kossuth Ave. St. Ward

File No.
Registered No. 4281

2. FULL NAME Fred E. Nye

(a) Residence, No. 4438 Kossuth Ave. St. 10 Ward

(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12th, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 5 6

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

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) Kansas

13. NAME Ephram Nye

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

15. MAIDEN NAME Kate Maiden

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

17. INFORMANT Mrs. Emma Nye
(ADDRESS) 4438 Kossuth Ave.

18. ~~BURIAL~~ CREMATION, OR REMOVAL
PLACE Valhalla DATE 4/20/36 19.....

19. UNDERTAKER Provost Und. Co.
(ADDRESS) 3710 E. Grand Blvd.

20. FILED APR 20 1936 J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/18/36 19.....

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1936 to April 18, 1936
I last saw him alive on 4/17, 1936 Death is said to have occurred on the date stated above, at 9:15 A.M.

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

Cirrhosis of Liver
due to Diabetes
DK

Date of onset

Other contributory causes of importance:

Diabetic Mellitus

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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) Ott. Hansel, M.D.(Address) 1003

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.

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