

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

Do not use this space.

17833

1. PLACE OF DEATH

County St. Louis
Township W. L.
City St. Louis

Registration District No. 1003
Primary Registration District No. Bethesda Hosp

File No. 4619
Registered No. 4619
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 103 Coal St. N.P. Ward Potosi, Mo.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Laura Roussin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 21, 1885

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 49 50 7 5

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

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) Apr. 1935 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Potosi, Mo.

13. NAME W. B. Nicholson

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

15. MAIDEN NAME Elizabeth Scott

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

17. INFORMANT Mrs. Flora Nicholson (ADDRESS) Potosi, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill, Mo. April 26, 1936

19. UNDERTAKER Sparks & Co. (ADDRESS) Potosi, Mo.

20. FILED APR 28 1936 Registrar. J. W. Brebeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 21, 1936 to Apr. 26, 1936

I last saw him alive on Apr. 26, 1936 Death is said to have occurred on the date stated above, at 4 a.m.

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

Perforated duodenal ulcer
perforation
perforation
Date of onset Apr. 24, 1936

Other contributory causes of importance: Generalized peritonitis mesenteric thrombosis

Name of operation Repair of ulcer perforation Date of Apr. 29, 1936

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) J. W. Henderlite, M. D. (Address) Hester Building 4500 Olive St

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.

