REC'D FEB 10 1939

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

260
Do not use this space.

791

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 260
(c) City Saint Louis (d) Street No. Homer G. Phillips Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

425

2. PRINT FULL NAME Peter Nelson
(a) Residence, No. 3400 Walnut Street St. 18
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Nelson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 16, 1888
7. AGE: 50 YEARS, 8 MONTHS, 20 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Baker
9. Industry or business in which work was done, as saw mill, bank, etc.: Eagle-Pachet Co.
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation: 36

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Johnsonville Tennessee

FATHER
13. NAME: Henry Nelson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Johnsonville Tennessee

MOTHER
15. MAIDEN NAME: Alice---Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable

17. INFORMANT (ADDRESS): Mary Nelson 3400 Walnut Street
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 1/10/39, 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Charles J. Gates 4107 Finney Avenue
20. FILED ..... 19 ..... J. F. Bredick Local Registrar.
JAN 9 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1939, to January 6, 1939
I last saw him alive on January 6, 1939. Death is said to have occurred on the date stated above, at 4:50a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis with urinary extravasation	1/2/39

136 B.

Other contributory causes of importance:
Cystitis (non catarrhal, non gonococcic, non tubercular)
Cystic Kidneys, no stones

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) H. C. Irving, M.D.
(Address) Homer G. Phillips Hosp.

(Licensed Embalmer's Statement on Reverse Side)

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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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, James A. Johnson, or by _____,

Registered Apprentice No._____, working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.