

REC'D FEB 10 1939

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

883
 Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No..... **791**
 (b) Township..... Primary Registration District No..... **1008**
 (c) City..... **St. Louis** (d) Street No..... **Homer 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 **12** yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME **Malachi Nelson**

(a) Residence, No. **1805 N. Garrison** St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**
 (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Ruth Nelson**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 25, 1908**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 10 --

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Porter**

9. Industry or business in which work was done, as 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) **Arkansas**
 (STATE OR COUNTRY)

13. NAME **Bonus Nelson**

14. BIRTHPLACE (CITY OR TOWN) **Arkansas**
 (STATE OR COUNTRY)

15. MAIDEN NAME **Lelar Cooper**

16. BIRTHPLACE (CITY OR TOWN) **Arkansas**
 (STATE OR COUNTRY)

17. INFORMANT **Evelyn Hilliard**
 (ADDRESS) **2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Washington Park** DATE **1-29**

19. FUNERAL DIRECTOR (NAME) **Ad. Richardson**
 (ADDRESS) **2625 Glasgow**

20. FILED **JAN 28 1939** **J. F. Brudeck**
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 25**, 19 **39**

22. I HEREBY CERTIFY, That I attended deceased from **Jan. 5**, 19 **39** to **Jan. 25**, 19 **39**

I last saw him alive on **Jan. 25**, 19 **39** Death is said to have occurred on the date stated above, at **8:45p** m.

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

Bronchopneumonia

Date of onset
1/5/39

Other contributory causes of importance:
Hypertension

Name of operation..... Date of.....
 What test confirmed diagnosis? **Clinical** 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?.....
 If so, specify.....

(Signed) **[Signature]**, M. D.
 (Address) **2601 N Whittier**

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, or by _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed *P. P. Chardar*

Licensed Embalmer No. *2928*

P. O. Address *7625 Glasgow*

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.