

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED OCT 2 - 1943 318

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Mo-Baptist Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 days**  
(Specify whether)

In this community **42 years**  
years, months or days

3. (a) PRINT FULL NAME **Thomas E. Nester**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

4. Sex **male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Catherine Nester**

6. (c) Age of husband or wife if alive **54** years

7. Birth date of deceased **October 29 1890**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>52</b>	<b>10</b>	<b>27</b>	hr. _____ min.

9. Birthplace **Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **City Marshall**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Thomas Nester**

13. Birthplace **Ill.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Clune**

15. Birthplace **Ill.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Catherine Nester**

(b) Address **1300 Monroe St.**

17. (a) **Burial**  
(Burial, cremation, or removal)

(b) Date thereof **9-29-43**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Hy. Leidner Und. Co.**

(b) Address **2223 St. Louis Ave.**

19. (a) **SEP 28 1943 J. F. Bedeck**  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_

(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")

(d) Street No. **1300 Monroe St.**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **26th.**  
year **1943** hour **4:25 PM** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Aug 24**, 19**42**, to **Sept 26**, 19**43**.  
that I last saw him alive on **Sept 26**, 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Gastric haemorrhage**

Due to **Stomach ulcers** **3 years**  
**Cirrhosis of liver** **2 years**

Due to \_\_\_\_\_

Other conditions **117**  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

23. Signature **Norton John Eversole** (M. D. or other) **M.D.**  
Address **4127 Washington Pl.** Date signed **9/27/43**

Duration

**2 da.**

**3 years**

**2 years**

PHYSICIAN

Underline the cause to which death should be charged statistically.

---

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 James L. Fowler

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis

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, fact should be so stated above.