

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

26353
Do not use this space.

REC'D AUG 26 1938

1. PLACE OF DEATH

(a) County St. Charles Registration District No. 757
 (b) Township..... Primary Registration District No. 3036 Registered No. 114
 (c) City St. Charles (d) Street No. 916 Washington 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.

2. PRINT FULL NAME

Lena Nelson
 (a) Residence, No. 916 Washington 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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
Abt 72

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Self
 9. Industry or business in which work was done, as saw mill, bank, etc. House Work
 10. Date deceased last worked at this occupation (month and year) July 2, 1938 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo.

FATHER 13. NAME Charlie Stone
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo.

MOTHER 15. MAIDEN NAME Martha Reed
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo.

17. INFORMANT Lydia Collins
 (ADDRESS) 916 Washington St.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Oak Grove DATE Aug. 4, 1938

19. FUNERAL DIRECTOR (NAME) Cunningham & Muschany
 (ADDRESS) 424 Jefferson St. St. Charles, Mo.

20. FILED 8/4 1938 Clarence G. Meiser
 Local Registrar. 679

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-30-38

22. I HEREBY CERTIFY, That I attended deceased from 4-19-38 to 7-30-38
 I last saw her alive on 7-30-38 Death is said to have occurred on the date stated above, at 9 P.M.
 The principal cause of death and related causes of importance were as follows:

Date of onset
Chr. myocarditis 1933
Chr. nephritis 1938

Other contributory causes of importance:
Chr. nephritis 1938

Name of operation..... Date of.....
 What test confirmed diagnosis? Clinical 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 Relief, Budice! M. D.
 (Signed) Robert J. Budice!
 (Address) 700 Clay St.

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.

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,

Leland S. Cunningham

or by

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

Signed

Leland S. Cunningham

Licensed Embalmer No. 3542

P. O. Address St. Charles, Mo.

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.