

STANDARD CERTIFICATE OF DEATH

State File No. 41180Registration District No. 791

Primary Registration District No. _____

Registrar's No. 103031. PLACE OF DEATH: 1003

- (a) County 2
- (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:
3916 Labadie Ave.
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution _____
(Specify whether _____)
- In this community _____
years, months or days

3. (a) PRINT FULL NAME

Nellie Larson Daniels 5473. (b) If veteran,
name war _____3. (c) Social Security
No. None4. Sex Female5. Color or
race White6. (a) Single, widowed, married,
divorced Widowed6. (b) Name of husband or wife Frank Larson Daniels6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased 4 - 26 - 1861

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

7873

hr. _____ min.

9. Birthplace Red Oak

(City, town, or county)

Iowa

(State or foreign country)

10. Usual occupation Unemployed

11. Industry or business _____

12. Name Fiva Reenberg13. Birthplace Unknown

(City, town, or county)

Sweden

(State or foreign country)

14. Maiden name Unknown15. Birthplace Unknown

(City, town, or county)

Sweden

(State or foreign country)

16. (a) Informant's own signature John O. Schaefer(b) Address 5951 Plymouth Ave.17. (a) Burial(b) Date thereof 12-1-1939

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery18. (a) Signature of funeral director Robert J. Ambruster(b) Address Clayton Road at Concordia Lane19. (a) DEC 1 1939(b) J. B. Brueck

(Date of local registration)

(Funeral signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County 1
- (c) City or town St. Louis 10
(If outside city or town limits, write "RURAL")
- (d) Street No. 3916 Labadie Ave.
(If rural, give location)
- (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29th
year 1939 hour 8 minute _____ P. M.21. I hereby certify that I attended the deceased from
11-29- 1939, to 11/29/39, 19____;
that I last saw her alive on 11/29/39, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death

Hypostatic Pneumonia
Rectovisceral
Carcinoma

Duration

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations 4/6

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically

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)

(by means of injury) 123. Signature Fred W. Deiber (M. D. or other) _____Address 3201 Washington Blvd. Date signed 11/30/39

Edward J. Beckhard
Missouri

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.....

Edward J. Beckhard....., Registered Apprentice No.

working under my personal supervision.

Signed *Edward J. Beckhard*

Licensed Embalmer No. 2502

P. O. Address Clayton, Missouri.

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.