

MAY 15 1940 791

Registration District No.

Primary Registration District No. 1003

Registrar's No.

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: Christian Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 days
 (Specify whether years, months or days) 50 yrs.

3. (a) PRINT FULL NAME Emily Nelson

3. (b) If veteran, name war --- 3. (c) Social Security No. ---

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Alexander Nelson 6. (c) Age of husband or wife if alive years

7. Birth date of deceased August 30 1862
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>7</u>	<u>18</u>	hr. min.

9. Birthplace Boone County Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

12. Name -- Campbell

18. Birthplace Unknown
 (City, town, or county) (State or foreign country)

14. Maiden name Rush
 (City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Mary Thomas

(b) Address 5621 Summit Ave

17. (a) Burial (b) Date thereof 4/20/40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park Cem.

18. (a) Signature of funeral director John S. Ziegler

(b) Address 7027 Gravois Ave

19. APR 19 1940
 (Date received local registrar) (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. 5621 Summit Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
 year 1940 hour 7 minute 25 P. M.

21. I hereby certify that I attended the deceased from 11/19/39
 to 4/18/40, 1940
 that I last saw her alive on 4/18/40
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis

Due to _____

Due to _____

Other conditions Arteriosclerosis
 (Include pregnancy within 3 months of death)
Chronic Myocarditis

Major findings: Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) no
 (b) Date of occurrence no
 (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? no

While at work? no (Specify type of place) (e) Means of injury _____

23. Signature Janet Penstorf (M. D. or other) _____
 Address 3919 W. Pleasant Date signed 4/19/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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.

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.....

C. P. Kidwell

Licensed Embalmer No. *3877*

P. O. Address *6937⁹ Grandis*

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.