

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**BARNES HOSPITAL**  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis** **2**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5428 Gravois**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Ella Elizabeth Sahrman Nelson**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Wm. L. Nelson** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Feb. 15, 1890**  
(Month) (Day) (Year)

8. AGE: Years **50** Months **4** Days **3** If less than one day hr. \_\_\_\_\_ min. **0**

9. Birthplace **St. Louis Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **hswk**

11. Industry or business **at home**

12. Name **John F. Cook**

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

14. Maiden name **Mary A. Cruse**

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

16. (a) Informant **Robert Sahrman + Wm. Nelson**

(b) Address **Leukewood - 5428**

17. (a) **Burial** (b) Date thereof **6-21-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus**

18. (a) Signature of funeral director **Southern Funeral Home**  
(b) Address **6322 S. Grand**

19. (a) **JUN 19 1940** (b) **J. F. Predeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **18**  
year **1940** hour **6** minute **45 A.** M.

21. I hereby certify that I attended the deceased from **May 15**, 19**40**, to **June 18**, 19**40**;  
that I last saw h. **ET.** alive on **June 18**, 19**40**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of colon**

Due to **Pelvic Peritonitis**

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

Other conditions **H/O**  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy **Pelvic Peritonitis**

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? (e) Means of injury **1**

23. Signature **F. P. Bradley** (M. D. or other) \_\_\_\_\_

Address **BARNES HOSPITAL** Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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

*Virgil L. Berryman*

Licensed Embalmer No. *4018*

P. O. Address *St. Louis 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.**