

No. 2  
4-13-40  
5-17-39  
I X23111

MAR 25 1941 91  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

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

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:  
5032 Christy Blvd. /  
(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 Kathryn S. Nelson

3. (b) If veteran, name war None 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 Walter C. Nelson 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased March 22nd 1881  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>110</u>	<u>15</u>	hr. _____ min.

9. Birthplace Nevada Osma  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name Unknown Finnell

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

14. Maiden name Unknown

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

16. (a) Informant Walter C. Nelson  
(b) Address 5032 Christy Blvd.

17. (a) Burial (b) Date thereof 2-10-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Gregg Shaysen Mortuaries  
(b) Address 4218 So. Kingshighway

19. FEB 8 1941 (b) J. W. Redbeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 217  
(If outside city or town limits, write "RURAL")

(d) Street No. 5032 Christy Blvd. F  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6th  
year 1941 hour 4 minute P.M. M.

21. I hereby certify that I attended the deceased from Feb. 2,  
1941, to Feb. 6, 1941;  
that I last saw her alive on Feb. 6, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death acute dilatation of heart no definite heart disease  
Due to acute gastritis, cause unknown  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) AS C.

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

Of autopsy AS

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? \_\_\_\_\_

23. Signature Wm. Nelson (M. D. or other) \_\_\_\_\_  
Address 5449 Delmar Boulevard Date signed Feb 8 1941  
St. Louis

Mr Wm. Melton  
5449 Melmore Fo: 19165  
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**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 *Edwin D. McPerrin*

Licensed Embalmer No. *3024*

P. O. Address.....

**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.**