DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1941

Registration District No. 1791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 5140

Registrar's No. 1388

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Park Plaza Hotel. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 100

(c) City or town St. Louis, 1712
(If outside city or town limits, write "RURAL")

(d) Street No. Park Plaza Hotel. 9
(If rural, give location)

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

3. (a) PRINT FULL NAME LOUISE B. 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 Widowed.

6. (b) Name of husband or wife Lewis C. Nelson.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 16, (Day) 1856. (Year)

8. AGE: Years 84. Months 10. Days 26. If less than one day hr. min.

9. Birthplace Arrow Rock, (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation At Home.

11. Industry or business

MOTHER FATHER

12. Name Charles M. Bradford.

13. Birthplace Stanford, / (City, town, or county) Conn. (State or foreign country)

14. Maiden name LeVinia Pearson.

15. Birthplace Saline Co., (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant Lewis C. Nelson.

(b) Address 9730 Litzinger Road.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 2/12/1941. (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.,

18. (a) Signature of funeral director C.R.Lupton & Sons.

(b) Address #7233 Delmar Boulevard.

19. (a) FEB 11 1941 (Date received local registrar) (b) J. W. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 11th year 1941 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from JANUARY 1st, 1941, to FEBRUARY 11th, 1941; that I last saw him ALIVE on FEBRUARY 11th, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CEREBRAL HAEMORRHAGE	2 DAYS
Due to ARTERIAL SCLEROSIS	1 YEAR
Due to MYOCARDITIS (CHRONIC)	1 YEAR
Other conditions none (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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) Natural Causes.

(b) Date of occurrence none

(c) Where did injury occur? none (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none (Specify type of place)

While at work? none (e) Means of injury

23. Signature Scott Hewer M.D. (M. D. or other)

Address 634 N Grand Blvd. Date signed 2-11-41

(Licensed Embalmer's Statement on Reverse Side)

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.