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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. Eric Schulz

State File No. 7992

FILED MAR 19 1941

Registration District No. 757 | Primary Registration District No. 3036 | Registrar's No. 37

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

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1126 A N. Second St.
(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 St. Charles
(c) City or town St. Charles
(If outside city or town limits write "RURAL")
(d) Street No. 1126 A N. Second St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

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3. (a) PRINT FULL NAME Chester Arthur Nelson
3. (b) If veteran, name war No
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased January (Month) 14 (Day) 1890 (Year)
8. AGE: Years 51 Months 0 Days 22 If less than one day ..... hr. ..... min.
9. Birthplace Gasconade County (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business R.R. Car Mfit
FATHER
12. Name Thomas Nelson
13. Birthplace Unknown / Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lata Spaot
15. Birthplace Unknown / Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Samuel H. Nelson
(b) Address 1126 A N. 2nd St. Charles, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 8-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cem. St. Charles
18. (a) Signature of funeral director H. C. Dallmeyer & Son Inc.
(b) Address 200 N. Second, St. Charles, Mo.
19. (a) 2-7-41 (Date received local registrar) (b) Clarence D. Hessler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6 year 1941 hour 1 minute 15 A. M.
21. I hereby certify that I attended the deceased from Feb 5 1941 to Feb 6 1941 that I last saw him alive on Feb 5th 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary tuberculosis	5 yrs.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): none	

Major findings:
Of operation 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) .....
(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) (e) Means of injury .....
23. Signature Eric Schulz M. D. or other .....
Address St. Charles Mo. Date signed 2/10/41

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(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 John E. Dallmeyer

Licensed Embalmer No. 2957

P. O. Address St Charles 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.