

FILED SEP 17 1941

791

State File No. ....

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 6920

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: Jewish Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution From July 17 to August 25, 1941  
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 4/7

(d) Street No. 2354 Blandon Pl.  
(If rural, give location) 9

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

3. (a) PRINT FULL NAME FRED NELSON

(b) If veteran, name war .....

(c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Frances Nelson 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased May 9 1893  
(Month) (Day) (Year)

8. AGE: Years 48 Months 3 Days 15 If less than one day hr. min.

9. Birthplace Fairbault / Minn.  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business Unemployed

12. Name Even Nelson

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

14. Maiden name Louise Peterson

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

16. (a) Informant Nels F. Nelson

(b) Address Fairbault Minn.

17. (a) Burial (b) Date thereof Aug 27 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director M. J. Croghan

(b) Address 7146 Manchester

19. (a) AUG 26 1941 (b) J. T. Bealch  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 25 24<sup>th</sup> year 1941 hour 8 minute 55 A.M.

21. I hereby certify that I attended the deceased from July - 1 - 41 1941 to August - 24, 1941

that I last saw him alive on August 24, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Subpyramic - Meningitis - Miliary Abscesses of lung

Due to Subpyramic Abscess

Due to non tubercular caused by sub diaphragmatic

Other conditions abscess  
(Include pregnancy within 3 months of death)

9  
For findings: Same as above

Of operations .....

Of autopsy Same as above

Duration

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 J. H. Probst (M. D. or other) 0

Address Jefferson Date signed 8/26/41

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

40  
39  
23158

NOV 27 1957

21 E

**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

*Francis A. Williams*

Licensed Embalmer No.

*3565*

P. O. Address

*7146 Manchester*

**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.**