

No. 2
1-4-41
-17-39
X25390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. **30085**
Registrar's No. **7424**

Registration District No. **18-1941** 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:
5912 Bartmer Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days) **1** (Specify whether

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5912 Bartmer Avenue**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME **George W. Nelson**
3. (b) If veteran, name war **Civil**
3. (c) Social Security No. **1**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept.** day **13th**
year **1941** hour **2** minute **40** A.M.
21. I hereby certify that I attended the deceased from **March 31**
19 **39**, to **Sept 13** 19 **41**;
that I last saw him alive on **Sept 12** 19 **41**;
and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Sarah Nelson**
6. (c) Age of husband or wife if alive **=** years
7. Birth date of deceased **August 16, 1844**
(Month) (Day) (Year)

Immediate cause of death:
Broncho pneumonia **48 hours**
Due to **Chronic Myocarditis** **over 2 yrs**

8. AGE: Years **97** Months **0** Days **37**
If less than one day hr. min.

Due to.....
Other conditions **Senility (Age 97 yrs)**
(Include pregnancy within 3 months of death)

9. Birthplace **Zanesville, Ohio**
(City, town, or county) (State or foreign country)
10. Usual occupation **retired 40 years**

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business.....
12. Name **unknown**
13. Birthplace **unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **unknown**
15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Wm. Dieckman**
(b) Address **5912 Bartmer Avenue**
17. (a) **Burial** (b) Date thereof **Sept. 14, '41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Park Lawn Cemetery**

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?.....

18. (a) Signature of funeral director **SHEPARD FUNERAL HOME**
(b) Address **1167 Hamilton Ave**
19. (a) **SEP 14 1941** (b) **J. Brudeck**
(Date received local Registrar) (Registrar's signature)

While at work?..... (Specify type of place) (e) Means of injury.....
23. Signature **J. Campbell** (M. D. or other) **0910**
Address **1128 9th Hamilton** Date signed **Sept 13, 41**

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

J. Wm Binkley

Licensed Embalmer No.

3653

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, fact should be so stated above.