

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40242

Registration District No. 791

Primary Registration District No. 1003

State File No.

Registrar's No.

9976

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:
4370a Page Blvd.
(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..... 45 Years

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. 4370a Page Blvd.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Archie J. Nelson

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

3. (c) Social Security No.

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

6. (b) Name of husband or wife Irene Nelson 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased May 1st. 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

74 7 12 hr. min.

9. Birthplace..... Dallas Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Chauffeur Retired

11. Industry or business Private Family

12. Name Unavailable

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

14. Maiden name.....

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

16. (a) Informant Irene Nelson

(b) Address 4370a Page Blvd.

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

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Ave.

19. (a) DEC 17 1941 (b) J. F. Bredbeck
(Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13th.
year 1941 hour 10:55 minute P. M.

21. I hereby certify that I attended the deceased from.....
July 1st. 1941 to December 13th 1941;
that I last saw him alive on December 13th. 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Chronic Myocarditis

Due to..... Chronic Nephritis 6 mths

Due to.....

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

Major findings: Of operations.....

Of autopsy.....

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) (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. F. Bredbeck (M. D. or other).....

Address 822a N. Jefferson Ave. Date signed 12-16-41

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Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

James A. Johnson

working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No.

3522

P. O. Address. 4107 Finney Ave.

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.