. S. No. 2
M—1-4-41
ev. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

665

FILED FEB 24 1942

Registration District No. 791 A

Primary Registration District No. 1003

State File No.

Registrar's No. 47

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12-31-41 (Specify whether

In this community 1-1-42
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Hamilton 999

(c) City or town M Leansboro NR
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Mr. Maurice Leslie Nelson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 55 | Months | Days | If less than one day hr. min.

9. Birthplace M Leansboro (City, town, or county) Ill. 1 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name unknown 9
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) 9 (State or foreign country)

16. (a) Informant Ella N.
(b) Address 511 E. Randolph

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/2/42 (Month) (Day) (Year)
(c) Place: burial or cremation M Leansboro Ill.

18. (a) Signature of funeral director Edwin Jones
(b) Address M Leansboro Ill.

19. (a) JAN 3 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1
year 1942 hour 10 30 minute P.M.

21. I hereby certify that I attended the deceased from 12-31, 1941, to 1-1, 1942
that I last saw him alive on Jan 1, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart disease	
Due to Coronary occlusion	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94a	
Major findings: Of operations	
Of autopsy	

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature John J Modlin (M. D. or other)
Address Barnes Hospital Date signed 1-1-42

(Licensed Embalmer's Statement on Reverse Side)

944

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.....

Licensed Embalmer No.....

P. O. Address.....

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.