

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **12924**
Registrar's No. **4022**FILED MAY 13 1942
Registration District No. **1922**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, Missouri**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 St. Louis City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **7 Days**
 In this community **7 Das** (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME **Katherine Nelson**3. (b) If veteran, name war..... **None**
3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**
 6. (b) Name of husband or wife..... **?? Nelson** 6. (c) Age of husband or wife if alive **Decd** years
 7. Birth date of deceased **Feb 14th. 1875**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	2	20	hr. min.

9. Birthplace **Iowa**
(City, town, or county) (State or foreign country)10. Usual occupation **Housewife**11. Industry or business **Self**12. Name **Unknown**13. Birthplace **U.S.A.**
(City, town, or county) (State or foreign country)14. Maiden name **Unknown**15. Birthplace **U.S.A.**
(City, town, or county) (State or foreign country)16. (a) Informant **Francis Burke**(b) Address **5380A Wabada Ave**17. (a) **Burial** (b) Date thereof **5/14/42**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Vainhalla**18. (a) Signature of funeral home **Harrigan & Sweeney Und Co**(b) Address **4415 Washington Blvd**19. (a) **MAY 6 1942** (b) **J. J. Buddeck**
(Date received local registrar's file) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County.....
 (c) City or town..... **St. Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **1922 N. 9th St**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **4**,
year **1942** hour **11:03** minute **A.** M.21. I hereby certify that I attended the deceased from **April 28**, 19**42** to **May 4**, 19**42**
that I last saw her alive on **May 4**, 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Perniciou anemia

Due to.....

Due to.....

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

Major findings:

Of operations.....

Of autopsy..... **None done**

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) (a) Means of injury.....

23. Signature **J. J. Buddeck** (M., D. or other) **MD**
Address **1515 Lafayette Avenue** Date signed **5/14/42**

J. J. Buddeck (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:

Homer W. Fritz

Licensed Embalmer No.

3882

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.