

FILED MAR 10 1943
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1739**

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:
3404a Magnolia
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....

(c) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL")

(d) Street No. **3404a Magnolia**
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
No Attending Physician

3. (a) PRINT FULL NAME **Virginia Johnston**

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

3. (c) Social Security No.....

20. DATE OF DEATH: Month **Feb.** day **20**
year **1943** hour **7.30 P.** minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White** 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 **May 6, 1885**
(Month) (Day) (Year)

Immediate cause of death.....

Coronary Occlusion
Coronary Sclerosis

Due to.....

Due to.....

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

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

57 **9** **14** hr. min.

9. Birthplace..... **Illinois**
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation **Housewife**

11. Industry or business.....

MOTHER FATHER { 12. Name **John Albert Nelson**

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

14. Maiden name **Hilda Holmberg**

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

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?.....

16. (a) Informant **William Johnston**

(b) Address **3404a Magnolia**

17. (a) **Burial** (b) Date thereof **2/23/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla**

18. (a), Signature of funeral director **Edith E. Ambruwter**

(b) Address **4234 Manchester**

19. (a) **FEB 22 1943** (b) **J. F. Brudick**
(Date received local registrar) (Registrar's signature)

While at work?..... (Specify type of place)

Means of injury.....

23. Signature **Alfred Perry** (M. D. or other).....

Address..... Date signed **2/24/43**

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

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..... *Flora Eynck*.....
Licensed Embalmer No. *1284*.....
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.