V. S. No. 2
50M—9-4-41
Rev. 5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1943 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12575

Registration District No. ____ Primary Registration District No. 1003 Registrar's No. ____

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 years, months or days)
In this community ____

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. 3404a Magnolia
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3584 800 12 9 16

3. (a) PRINT FULL NAME Hulda Nelson
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Nelson
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased Nov. 18, 1858 (Month) (Day) (Year)
8. AGE: Years 84 Months 4 Days 27 If less than one day ____ hr. ____ min.
9. Birthplace ____ (City, town, or county) Sweden (State or foreign country)
10. Usual occupation Nil
11. Industry or business ____
FATHER
12. Name ? Holmberg
13. Birthplace ____ (City, town, or county) Sweden (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace ____ (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Helen Mercier
(b) Address 4940 Wise Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/43 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester
19. (a) APR 16 1943 (Date received local registrar) (b) J. F. Budesch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1943 hour 5:00 A.M. minute ____ M.
21. I hereby certify that I attended the deceased from April 13, 1943 to April 15, 1943 that I last saw him alive on April 14, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	3 days
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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 ____
23. Signature H. B. Schumann (M. D. or other)
Address 6811 Brown Ave Date signed 4/16/43

(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.....

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.