

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED FEB 28 1944
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Gustave A. Nelson

3. (b) If veteran, name war XXXXXXXX

3. (c) Social Security No. XXXXXXXX

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased August 6 1865
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Sweden 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Shoemaker

MOTHER FATHER

12. Name Nils Swenson

13. Birthplace Sweden 4
(City, town, or county) (State or foreign country)

14. Maiden name Caroline ???

15. Birthplace Sweden 4
(City, town, or county) (State or foreign country)

16. (a) Informant G. Nelson

(b) Address 5712 Fernod Ave

17. (a) Burial (b) Date thereof Feb 17th, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Petz Brothers

(b) Address 3029 Lafayette Ave

19. (a) FEB 16 1944 (b) J. F. Prodech
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis 9/9
(If outside city or town limits, write "RURAL")

(d) Street No. 4223 McPherson Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14th day February
year 1944 hour 10:45 minute A. M.

21. I hereby certify that I attended the deceased from Nov. 18th
1944, to Feb. 14th 1944
that I last saw him in alive on Feb. 14th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Semipalm with
arteriosclerotic heart disease &
central thrombosis

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy Refused

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)

(e) Means of injury 0

23. Signature Tracy J. Fisher (M. D. or other) M.D.
Address 1515 Lafayette Date signed 2/14/44

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.....

Frank J. Owens

Licensed Embalmer No.....

2345

P. O. Address.....

1150m 7m

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.