

7. S. No. 2
DOM-5-43
Rev. 5-17-39
I. X35671

31450

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2273
Registrar's No. 2273

FILED SEP 29 1945
Registration District No. 279

Primary Registration District No. 2002

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
6610 Waterman Ave.
(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 St. Louis

(c) City or town University City
(If outside city or town limits, write "RURAL.")

(d) Street No. 6610 Waterman Ave.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Earl Fountaine Nelson.

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24th
year 1945 hour 12:15 minute A. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Edna Jones Nelson

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Jan. 2nd 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 26, 1938 to Sept 24, 1945
that I last saw him alive on Sept 23, 1945
and that death occurred on the date and hour stated above.

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

61 8 22 hr. min.

Immediate cause of death Coronary Occlusion Duration 3 days

Due to Hypertensive Vascular Disease ?

Due to g.yo

9. Birthplace Milan, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Lawyer

Other conditions Residual Hemiplegia 8 yrs.
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name William Thomas Nelson.

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

14. Maiden name Belle Tasley.

15. Birthplace Linus, Missouri.
(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.

16. (a) Informant Mrs. Edna J. Nelson.

(b) Address 6610 Waterman Ave.

17. (a) Entombment (b) Date thereof 9-25-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum.

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.

19. (a) 9-25-45 (b) E. P. McCarroll
(Date received local registrar) (Registrar's signature)

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) Manner of injury _____

Signature E. P. McCarroll (M. D. or other) _____
Address 3720 Washington Date signed 9/24/45

Dr. J. Lee Shrader.
3720 Washington
NE-6146
Hrs. 1 to 4 P.M.

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

Clarence H. Murray

Licensed Embalmer No. *4011*

P. O. Address *Harris, Pa.*

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.