

FILED DEC 21 1945

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County..... Registration District No. 318  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. Missouri Baptist Hospital St. 11 Ward 17)

39587

File No. 10633Registered No. 106332. FULL NAME Niels Neilsen(a) Residence, No. 919 North Taylor Ave., St. Louis, Mo. (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unknown  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12, 1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>85</u>	<u>0</u>	<u>25</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Missouri Baptist Hospital  
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark13. NAME unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark17. INFORMANT Mrs. Walter Schick (ADDRESS) Davenport, Iowa18. PLACE OF REMOVAL Davenport, Iowa DATE 12-7-4519. UNDERTAKER C. B. Luntton & Sons (ADDRESS) 7233 Delmar Bly'd., St. Lo20. FILED DEC 7 1945 Registrar. J. H. Redek

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-7-4522. I HEREBY CERTIFY, That I attended deceased from 12-6-45 to 12-7-45I last saw him alive on 12-6-45, 1945. Death is said to have occurred on the date stated above, at 1:30 A. m.

The principal cause of death and related causes of importance were as follows:

Perforated duodenum  
ulcers. Date of onset 12-6-45Other contributory causes of importance: Diabetes mellitus ?  
Chronic renal insufficiency ?Name of operation Cloud. Perforation Date of 12-6-45What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.Manner of injury.....  
Nature of injury.....24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify.....(Signed) W. R. Gunn, M. D.  
(Address) 2227 S. Broadway  
St. Louis

Dr. William R. Gum  
2227a South Broadway  
Gr-8322  
Hrs. 1 to 2:30 P.M.

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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 Bradford A. Miles

Licensed Embalmer No 2901

P.O. Address University City, 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.