

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36571

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15062

State File No. \_\_\_\_\_

Registrar's No. **3233**

**FILED** APR 18 1946

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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

13962

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution:  
3527 PARK AV. /  
(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

3. (a) PRINT FULL NAME HARRY C. NIELD

3. (b) If veteran, name war NO.

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

4. Sex MALE Color or race WHITE

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

6. (b) Name of husband or wife FRANCES L. NIELD

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

7. Birth date of deceased FEBRUARY 8 1878  
(Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 27  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation BOILER MAKER

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name HENRY NIELD

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

14. Maiden name JULIA CAREY

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

16. (a) Informant Mrs Frances L. Nield

(b) Address 3527 Park av

17. (a) BURIAL (b) Date thereof APRIL 9 - 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SUN SET BURIAL PARK

18. (a) Signature of funeral director E. J. Schuur

(b) Address 3125 Delany St

19. (a) APR 8 1946 (b) J. F. Bredeek  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MO. (b) County 000

(c) City or town ST. LOUIS 1817  
(If outside city or town limits, write "RURAL")

(d) Street No. 3527 PARK AV. 9  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 5  
year 1946 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from Mar 15 to April 5 1946;  
that I last saw him alive on Apr 2 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis  
Myocardial infarction

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 J. F. Bredeek (M. D. or other) M.D.

Address 14465 W. and Date signed 4-5-46

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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.....

*Joseph B. Kollmer*

Licensed Embalmer No.....

*4014*

P. O. Address.....

*St. Louis 4 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.**