

FILED MAY 31 1946 STANDARD CERTIFICATE OF DEATH

Registration District No.

318

Primary Registration District No.

1008

State File No.

18754

Registrar's No.

4589

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 yrs (Specify whether years, months or days)
In this community 13 yrs

3. (a) PRINT FULL NAME

MINNIE K. NELSON

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 5. Color or race W.
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased FEBRUARY 5 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 3 13 hr. min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business

MOTHER FATHER { 12. Name HERMAN DIESTELKAMP
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name ATTERMAN
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant IDA MAY SCHWABE
(b) Address 6227 WILSON
17. (a) BURIAL (b) Date thereof 5/23/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. MATTHEWS

18. (a) Signature of funeral director M. J. Conaghan
(b) Address 7146 MANCHESTER AVE

19. (a) MAY 22 1946 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County St. L.
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 6227 WILSON
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 19TH
year 1946 hour 8 minutes 26 M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Myocarditis
Chronic Intestinal Myositis

Due to 12/2

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 3

23. Signature Philip J. Bredek (M. D. or other)
Address 7146 Manchester Ave Date signed 5/23/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Henry M. Brammer

Licensed Embalmer No.....

4200

P. O. Address.....

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.