

FILED JUN 6 1946
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Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Enroute to City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME Elmer Nidever

3. (b) If veteran, name war World War # 2 3. (c) Social Security No. 542-09-7354

4. Sex Male () 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Martha Nidever 6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 4 1906 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 7 19 hr. min.

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

10. Usual occupation Platform Loader

11. Industry or business Packing House

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Martha Nidever

(b) Address 2207a N. Broadway

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-26-46 (Month) (Day) (Year)

(c) Place: burial or cremation Reno, Arkansas

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAY 24 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2207a N. Broadway (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1946 hour 11 minute 50 a.m.

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

Immediate cause of death: Acute Peritonitis
Due to: 1325 E. Monroe Street
City of St. Louis, Mo. 23-1946 about 11:50 p.m.

Other conditions (Include pregnancy within 3 months of death)

Major findings: 1 Of operations 1639-2

Of autopsy

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) Suicide
(b) Date of occurrence May 23 1946
(c) Where did injury occur? Home of home (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 work) (e) Means of injury 600m

23. Signature: Dwight E. Chalkley (M. D. or other) Address: 1214 S. 1st St. Date signed: 5/24/46

MAR 2 1947

MAR 31 1947

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 H. 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.