S. No. 2
OM—5-43
v. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11333

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2525

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-Jewish 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) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96
(c) City or town University City (If outside city or town limits, write "RURAL") 3
(d) Street No. 7046 Pershing (If rural, give location) 5
(e) Citizen of foreign country? (Yes or No) /
If yes, name country

3. (a) PRINT FULL NAME Celia Nelson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Max Nelson

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
about 65	--	--	hr. min.

9. Birthplace (City, town, or county) Poland (State or foreign country) 4

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Sidney Nelson
(b) Address 576 Stratford

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth Cem

18. (a) Signature of funeral director Herman Rudolph
(b) Address 5216 Delmar Blvd.

19. (a) MAR 10 1947 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9 year 1947 hour 8 minute P M.

21. I hereby certify that I attended the deceased from Sept. 10 1946, to March 9 1946 that I last saw h. alive on March 9 1946 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Coronary Occlusion — 2 minute
Due to
Hypertensive Heart disease
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
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)
(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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Harold Kleff (M. D. or other)
Address 807 N. Grand Date signed 3/10/47

(Licensed Embalmer's Statement on Reverse Side)

JUN 3 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.....W. E. Burgess.....

Licensed Embalmer No.....4029.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.