

S. No. 2
DM-5-43
v. 5-17-39
P. I. X36671

19188

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 22 1947

Registration District No. 318

Primary Registration District No. 1002

Registrar's No. 4730

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: Barnes Hospital, 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hrs. (Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL.")

(d) Street No. NR 7046 Pershing
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Max Nelson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Celia Nelson 6. (c) Age of husband or wife if alive _____ years

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1947 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 7 1947 to May 9 1947; that I last saw him alive on May 9 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory depression

Due to Carcinomatous carcinoma of the lung - Primary site

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
Of operations _____

Of autopsy as above

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years About 67 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation President

11. Industry or business Nelson Clothing Co.

MOTHER FATHER { 12. Name Unknown 6

{ 13. Birthplace Russia
(City, town, or county) (State or foreign country)

{ 14. Maiden name Unknown

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

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

17. (a) Burial (b) Date thereof 5-11-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Church of the South, City of St. Louis

18. (a) Signature of funeral director Herman Rindley, Inc.
(b) Address 5216 Delmar

19. (a) MAY 11 1947 (b) J. R. Rindley
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature J. R. Rindley (M. D. or other) _____
Address Barnes Hospital Date signed 5-10-47

(Licensed Embalmer's Statement on Reverse Side)

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

7
9

JUN 18 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. 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 with the above constitutes grounds for revocation of license.)

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