. S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10528

FILED APR 3 1948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 2752

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17
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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: St. Lukes 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 000
(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 17
(d) Street No. 4525 Lindell Blvd. (If rural, give location) 9
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME IDA NULSEN.
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Frank E. Nulsen.
6. (c) Age of husband or wife if alive ---- years
7. Birth date of deceased April (Month) 3 (Day) 1866 (Year)

8. AGE: Years 81 Months 11 Days 16 If less than one day hr. min.
9. Birthplace Belleville, (City, town, or county) Illinois. (State or foreign country)
10. Usual occupation At home
11. Industry or business

FATHER
12. Name Frank Espenhain.
13. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Emily Kempf.
15. Birthplace Belleville, (City, town, or county) Illinois. (State or foreign country)

16. (a) Informant Mrs. Elizabeth N. Young.
(b) Address 4615 Lindell Blvd.,
17. (a) Cremation. (Burial, cremation, or removal) (b) Date thereof 3-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory.
18. (a) Signature of funeral director C.R. Lupton & Sons.
(b) Address 7233 Delmar Blvd.,
19. (a) MAR 20 1948 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day Nineteenth year 1948 hour two minute twenty A.M.
21. I hereby certify that I attended the deceased from 1/30/47, 19..., to 3/18/48, 19...; that I last saw h. alive on 3/18/48, 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Acute suppurative nephritis — 4 weeks
Due to: 0
Due to: Generalized Arteriosclerosis — years
Other conditions: (Include pregnancy within 3 months of death) Cf Disease
Major findings:
Of operations:
Of autopsy: As above - Dr. L.W. Schaller St. Lukes Hosp. 3/19/48

PHYSICIAN
Underline the cause of 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

23. Signature O. Baumgartner M.D. (M. D. or other)
Address 3720 Washington Ave. Date signed 3/19/48

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

3720 Washington
JE 6720
2-4P.M.

NOV 10 1948
OCT 8 1948
JUN 16 1948

2752

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 .....

Licensed Embalmer No. 4011

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.