

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

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8-43  
7-39  
X36671

FILED DEC 2 1948 **318**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10061**

**1. PLACE OF DEATH:**

(a) County **St. Louis,**

(b) City or town **St. Louis,**

(c) Name of hospital or institution: **Deaconess Hospital**

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri**

(b) County \_\_\_\_\_

(c) City or town **St. Louis**

(d) Street No. **721 Goodfellow Ave.,**

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **OATHER NELSON.**

**3. (b) If veteran,** **No** name war \_\_\_\_\_

**3. (c) Social Security No.** **303-03-1089**

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Nov.** day **19** year **1948** hour **7:55** minute **P.** M.

**4. Sex** **Male** **5. Color or race** **White**

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

**6. (b) Name of husband or wife** **Rhelda Nelson.**

**6. (c) Age of husband or wife if alive** **51** years

**7. Birth date of deceased:** **June 16 1892**

(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from** **18-Nov-1948 to 19-Nov-1948**

**that I last saw him alive on** **18-Nov-1948** and that death occurred on the date and hour stated above.

**8. AGE:**

Years	Months	Days	If less than one day
<b>56</b>	<b>5</b>	<b>3</b>	hr. min.

**Immediate cause of death:** **Lymphatic Leukemia 3 1/2 yrs.**

**9. Birthplace** **Bedford, Indiana**

(City, town, or county) (State or foreign country)

**10. Usual occupation** **Road Driver;**

**11. Industry or business** **Viking Freight Co.**

**Due to** \_\_\_\_\_

**Due to** \_\_\_\_\_

**Other conditions** \_\_\_\_\_ (Include pregnancy within 3 months of death)

MOTHER FATHER

**12. Name** **Wesley Nelson.**

**13. Birthplace** **unknown Indiana**

(City, town, or county) (State or foreign country)

**14. Maiden name** **Sarah Mikels.**

**15. Birthplace** **unknown Indiana**

(City, town, or county) (State or foreign country)

**Major findings:**

Of operations \_\_\_\_\_

**Of autopsy:** **Same as above.**

**PHYSICIAN** \_\_\_\_\_

Underline the cause to which death should be charged statistically.

**16. (a) Informant** **Mrs. Rhelda Nelson.**

(b) Address **721 Goodfellow**

**17. (a) Removal** (b) Date thereof **11/20/48**

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Indianapolis, Indiana**

**18. (a) Signature of funeral director** **C.R. Lupton & Sons.**

(b) Address **7233 Delmar Blvd.**

**19. (a) NOV 20 1948** (b) **J. B. Lester**

(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** **George Foreman** (M. D. or other) \_\_\_\_\_

Address **4501 E. Washington** Date signed **20/Nov/48**

DEC 13 1948

SEP 2 1948

45015 Manchester  
FR-0630  
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*mul*

**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 *Clarence A. Murray*

Licensed Embalmer No. *404*

P. O. Address *St. Louis, Mo*

**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.**