

FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25699

State File No. _____

BIRTH NO. _____ REG. DIST. NO. ³¹⁷6076 PRIMARY REG. DIST. NO. ⁶⁰⁷⁶ Registrar's No. ¹⁵³⁵

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

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PINE LAWN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3709 MANOLA Ave</u>		e. STREET ADDRESS <u>740 E Argonne</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>M.</u> c. (Last) <u>NIELSEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6 27 1949</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>3-19-1863</u>
9. AGE (In years last birthday) <u>86</u>		10. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (State or foreign country) <u>DENMARK</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>? BROTSCHKE</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>CHRISTIAN M. NIELSEN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Carl E. Nelson</u>	ADDRESS <u>740 E Argonne Kirkwood</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>2 years</u> <u>5 years</u> <u>410X</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis + Yentricular</u> DUE TO (c) <u>Arterio Sclerosis + Cardiac vasculature</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>2/11/49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Fracture right hip pinned.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g. In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov 23, 1948 to Jun 27, 1949, that I last saw the deceased alive on Jun 20, 1949, and that death occurred at 4:30 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Miss Lettman MD</u>	23b. ADDRESS <u>18231 Clayton Rd</u>	23c. DATE SIGNED <u>6/27/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	24b. DATE <u>6-29-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA</u>	24d. LOCATION (City, town, or county) (State) <u>ST LOUIS CO MO</u>
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DATE REC'D BY LOCAL REG. <u>6-28-49</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dorn</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>MITTELBERG</u>	ADDRESS <u>FUNL HOME WOODRIDGE GROVES</u>
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*Mounting Funeral Home
Nashua, N.H. 03060*

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed *Frank J. Myland*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *245*.....

P. O. Address. *Apex, N.H.*.....

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.