

FILED AUG 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28907

BIRTH NO. _____		REG. DIST. NO. 177	PRIMARY REG. DIST. NO. 6876	Registrar's No. 1838
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jennings		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jennings 960		
d. FULL NAME OF HOSPITAL OR INSTITUTION 5809 Helen Ave.		d. STREET ADDRESS (If rural, give location) 5809 Helen Ave. 80		
3. NAME OF DECEASED (Type or Print) Oscar		a. (First) Oscar	b. (Middle) F.	c. (Last) Nelson
4. DATE OF DEATH July 28 1949		5. SEX male 0		
6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1		
8. DATE OF BIRTH March 12, 1891		9. AGE (In years last birthday) 58		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Investigator		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Paul, Minn. /
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME August Nelson		
13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Lillie R. Nelson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. WW I unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lillie R. Nelson
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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchiectasis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 2 yrs (?) 526x		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from May 10, 1947, to July 28, 1949, that I last saw the deceased alive on July 25, 1949, and that death occurred at 7:30 p.m., from the causes and on the date stated above.				
23a. SIGNATURE J. M. Black (Degree or title)		23b. ADDRESS 705 N. Gering Highway		23c. DATE SIGNED July 29/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-30-49		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
24d. LOCATION (City, town, or county) St. Louis, Missouri.		24e. (State)		
DATE REC'D BY LOCAL REG. 7-30-49		REGISTRAR'S SIGNATURE Herbert R. Nombel		25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc. 2161 E. Fair Ave.

(Licensed Embalmer's Statement on Reverse Side)

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

SEP
2 1949

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 _____

working under my personal supervision. _____
Student Embalmer No. _____

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3737

P. O. Address St. Louis, Miss

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.