

FILED DEC 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39112

State File No.

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 100

Registrar's No. 10050

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 100		Registrar's No. 10050			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give town or town St. Louis, Mo.)		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.,					
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri-Baptist Hosp.				d. STREET ADDRESS (If rural, give location) 26- 2415 Hadley St.,					
3. NAME OF DECEASED (Type or Print) a. (First) MARTHA		b. (Middle) MAY		c. (Last) NELSON		4. DATE OF DEATH (Month) (Day) (Year) NOV. 21, 1949			
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Sept. 4, 1877			
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months 2		IF UNDER 24 HRS. Days 17		Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) Illinois /		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME John Kinyon		13b. MOTHER'S MAIDEN NAME unk.		14. NAME OF HUSBAND OR WIFE Mr. Swan Nelson					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mr. Geo. Bode, 5512 Delmar Ave.,		ADDRESS			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) Myocardial infarction 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 ? ?	
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) 940					
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? H901					
22. I hereby certify that I attended the deceased from Nov 17, 1944, to Nov 21, 1949, that I last saw the deceased alive on Nov 21, 1944, and that death occurred at 8:30 a.m., from the causes and on the date stated above.									
23a. SIGNATURE W. D. Brown, MD (Degree or title)				23b. ADDRESS 3903 Olive		23c. DATE SIGNED 11/23/49			
24a. BURIAL CREMATION, REMOVAL (Specify) burial		24b. DATE 11-23-49		24c. NAME OF CEMETERY OR CREMATORY St. Lucas and Park Hill Cem. - St. Louis, Mo.		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. NOV 22 1949		REGISTRAR'S SIGNATURE J. B. Santos		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sullivan Fun. Dir. 2849 N. Euclid Ave.,					

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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
Student Embalmer

Student Embalmer No.
Signed *Robert L. Brinkman*

Licensed Embalmer No. 35523

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.