

FILED MAR 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7089

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 498

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 Normandy		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Normandy	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5300 Winslow		d. STREET ADDRESS (If rural, give location) 5300 Winslow	

3. NAME OF DECEASED a. (First) Elizabeth		b. (Middle) Colt		c. (Last) Nelson		4. DATE OF DEATH (Month) (Day) (Year) 2/23/50	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1/23/1909		9. AGE (In years last birthday) 41	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Clate Dravis		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Jerry Colt Nelson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jerry Colt Nelson 5300 Winslow	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 years	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) - Cancer of rectum		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Inoperable Cancer rectum 6/2/48		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) X		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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 2/22, 1948, to 8/2, 1949, that I last saw the deceased alive on 8/2, 1949, and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE Barrett L. Tausig M.D.		23b. ADDRESS 4500 Olive St. Louis Mo		23c. DATE SIGNED Feb. 27	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/27/50		24c. NAME OF CEMETERY OR CREMATORY Unknown		24d. LOCATION (City, town, or county) (State) Mansfield, Ohio	
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DATE REC'D BY LOCAL REG. 2-25-50		REGISTRAR'S SIGNATURE Herbert R. Wombe M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sullivan Funeral Dir. 2849 Euclid	
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(Licensed Embalmer's Statement on Reverse Side)

St. Louis, Mo.

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

2001

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.

Signed.....
Student Embalmer

84

Signed.....

5415

Student Embalmer No.....

Licensed Embalmer No. 3853

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.