

FILED APR 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15243

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 3068	Registrar's No. 1034
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 Maplewood		c. LENGTH OF STAY (in this place) 54 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood 4544		
d. FULL NAME OF HOSPITAL OR INSTITUTION 7219 Anna Ave.		d. STREET ADDRESS (If rural, give location) 7219 Anna Ave.		
3. NAME OF DECEASED (Type or Print) (Henry) HOKAN		a. (First) P.	b. (Middle)	c. (Last) Nelson
4. DATE OF DEATH (Month) (Day) (Year) Apr. 20 1950				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 5, 1874
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Meyer Bro. Drug Co.		11. BIRTHPLACE (State or foreign country) Sweden 4
12. CITIZEN OF WHAT COUNTRY? U S A				
13a. FATHER'S NAME Andreas Nelson		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Lillie C. Nelson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Yes		17. INFORMANT'S SIGNATURE OR NAME Carl 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, Urinary Bladder 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.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		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) (Minute) none		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 6:00 AM, 19 50, to 7:00 AM, 19 50, that I last saw the deceased alive on 20 April 19 50 and that death occurred at 12:00 Noon, from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) John C. Crison M.D.		23b. ADDRESS Maplewood Mo		23c. DATE SIGNED 4/21/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 22, 1950		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.				
DATE REC'D BY LOCAL REG. 4-22-50		REGISTRAR'S SIGNATURE Herbert R. Douke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister Colonial Mortuary 6464 Chippewa St.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. John Briscoe
2648 Oakview Terr.

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.

Student
Student Embalmer

Signed *Louis E. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7414 S. Broadway*

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.