

FILED MAY 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18485**
4095
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No.
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		b. COUNTY 2239
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hosp		d. STREET ADDRESS (If rural, give location) 2622A St. Vincent Ave.		
3. NAME OF DECEASED (Type or Print) Irvin E Nelms Sr		a. (First) E		b. (Middle) Nelms Sr
4. DATE OF DEATH (Month) (Day) (Year) 5 4 50		5. SEX Male		
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 4-3-1896
9. AGE (In years last birthday) 54		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man		10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pulaski County Ill		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Henry Nelms		13b. MOTHER'S MAIDEN NAME Christina Holmann		14. NAME OF HUSBAND OR WIFE Flora Nelms
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.#1		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Flora Nelms 2622A St. Vincent Ave.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Arteriosclerotic Heart Disease		
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (b) _____		
Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) _____		
19a. DATE OF OPERATION none		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? H200
22. I hereby certify that I attended the deceased from Aug 1949 to May 4, 1950 , that I last saw the deceased alive on May 3, 1950 , and that death occurred at 109:1m. , from the causes and on the date stated above.				
23a. SIGNATURE Harriet B. Stephens		23b. ADDRESS 1325 S. Grand		23c. DATE SIGNED 5-5-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-8-50		24c. NAME OF CEMETERY OR CREMATORY National Cem
24d. LOCATION (City, town, or county) (State) Jeff Brks Missouri		DATE REC'D BY LOCAL REG. MAY 5 1950		
REGISTRAR'S SIGNATURE J B Lucater		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Myrdell Jewel Home 1926 Allen		

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

MAY 23 1950

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 me

working under my personal supervision.

Student Embalmer No.....

Signed Dale A. Strawn

Signed.....
Student Embalmer

Licensed Embalmer No. 4533

P. O. Address 1926 Allen

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.