

FILED JUN 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21368**
5482

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) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2149	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5325 Bancroft Avenue		STREET ADDRESS (If rural, give location) 5325 Bancroft Avenue	

3. NAME OF DECEASED (Type or Print), a. (First) Jane b. (Middle) Alice c. (Last) Nuelle			4. DATE OF DEATH (Month) (Day) (Year) June 15, 1951		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Nov. 3, 1949		9. AGE (In years last birthday) 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Henry Nuelle		13b. MOTHER'S MAIDEN NAME Katherine Herrod		14. NAME OF HUSBAND OR WIFE	
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 Henry Nuelle 5325 Bancroft Avenue	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Spastic paralysis (congenital) Tr of right arm suffered DUE TO (b) an fall from crib in house at 5325 Bancroft Ave II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 351XF	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 23 5:15 PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 6:50 PM	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **5:30 P** m., from the causes and on the date stated above.

23a. SIGNATURE Robert E. Taylor		23b. ADDRESS 1300 Clark Ave		23c. DATE SIGNED 6/17/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 16, 1951		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE J. B. Pascale		25. FUNERAL DIRECTOR'S SIGNATURE Wm. J. Robert		ADDRESS 1905 So. GRAND Blvd.	

(Licensed Embalmer's Statement of Reverse Side)

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

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

Harold E. Morris

Licensed Embalmer No.

3360

P. O. Address

St Louis, Mo

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.