

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35448**
9664

FILED NOV 8 1951

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1009

Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		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		2079	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4549 Claxton Ave.				d. STREET ADDRESS (If rural, give location) 4549 Claxton Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) John			b. (Middle) _____		c. (Last) Nelson		4. DATE OF DEATH (Month) (Day) (Year) Oct. 31, 1951
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 22, 1884		9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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? 0	
13a. FATHER'S NAME Thomas Nelson		13b. MOTHER'S MAIDEN NAME Dont Know		14. NAME OF HUSBAND OR WIFE Kate Driscoll 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 Kate Nelson, 4549 Claxton 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gastric Ulcer				INTERVAL BETWEEN ONSET AND DEATH 2 years 4 years 5 years	
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) _____			
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? Asst			
22. I hereby certify that I attended the deceased from Oct 10th 1947 , to Oct 31st 1951 that I last saw the deceased alive on Oct 30 1951 , and that death occurred at 4:30 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE J. F. Gallagher M.D. (Degree or title)				23b. ADDRESS 3903 Olive		23c. DATE SIGNED 11/1/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 3, 1951	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE RECEIVED BY LOCAL REG. NOV 1 1951		REGISTRAR'S SIGNATURE J. Carl Smith, M.D. & P.		25. FUNERAL DIRECTOR'S SIGNATURE Cullinane Bros. ADDRESS 3320 N. Kingshighway			

(Licensed Embalmer's Statement on 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 *Fred Frick*

Licensed Embalmer No. **3186**

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.