

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39506

State File No. ....

FILED DEC 1 1951

Registrar's No. 10122

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10122		
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) 3		3. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		2 29		
d. FULL NAME OF HOSPITAL OR INSTITUTION 3316 OXFORD				d. STREET ADDRESS (If rural, give location) 3316 Oxford				
3. NAME OF DECEASED (Type or Print) Anna		a. (First)		b. (Middle) V,		c. (Last) Nelson		
4. DATE OF DEATH		(Month) Nov.		(Day) 11,		(Year) 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Mar. 20, about 63 -		
9. AGE (In years last birthday)		If under 1 Year		If under 1 Hour		If under 1 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY At Home			11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Patrick Walsh		13b. MOTHER'S MAIDEN NAME Catherine Varley		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		(If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mary Mertz, 3316 Oxford Ave.		
17. 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						INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY Thrombosis						1 hour.		
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 _____				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) _____ (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____ 4201				
22. I hereby certify that I attended the deceased from Nov 11, 1951, to Nov 11, 1951, that I last saw the deceased alive on Nov 11, 1951, and that death occurred at 8 P. M., from the causes and on the date stated above.								
23a. SIGNATURE Vincent Townsend M.D.				(Degree or title)		23b. ADDRESS 3101 9 Sutton Ave Maplewood		
23c. DATE SIGNED Nov 11 1951								
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 16/51		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery		24d. LOCATION (City, town, or county) Lemay, 23, Mo. (State)		
DATE REC'D BY LOCAL REG. NOV 14 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Fendler Und. Co. 7420 Michigan Ave. ADDRESS				

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

*D. J. Lawson*  
*3101 E. Lottan*

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**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 *Francis Williamson*

Licensed Embalmer No. *3565*

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.