

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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28116**

FILED **AUG 31 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **235**

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (In this place) <b>1 Yr</b>		d. STREET ADDRESS (If rural, give location) <b>St. 5335 Winone</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Home of Aged</b>			

3. NAME OF DECEASED a. (First) <b>Mary</b> b. (Middle) _____ c. (Last) <b>Nelson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 21, 1953</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED (NEVER MARRIED) <b>NEVER MARRIED</b> WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>Jan 28, 1885</b>	9. AGE (In years) (Month) (Day) (Hours) (Min.) <b>67 8 13</b>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, or if retired) <b>Railroad Clerk</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Wabash R.R.</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Benton Nelson</b>	13b. MOTHER'S MAIDEN NAME <b>Catherine Kattenbaum</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. William A Reddy</b>	ADDRESS <b>St. Louis, Mo.</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>acute</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Myocardial infarction</b>		
	DUE TO (c) <b>vascular disease</b>		
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 <b>4201</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **June 5, 1953** to **Aug 21, 1953**, that I last saw the deceased alive on **Aug 10, 1953**, and that death occurred at **6:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>A. Osman MD</b>	(Degree or title)	23b. ADDRESS <b>Jefferson City - Mo.</b>	23c. DATE SIGNED <b>8-22-53</b>
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24a. BURIAL, CREMATION, REMOVAL <b>Removal</b>	24b. DATE <b>24 Aug 22, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Aug 22 1953</b>	REGISTRAR'S SIGNATURE <b>R.P. Dorrie MD-MR.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Sylvester Lulle</b>	ADDRESS <b>J. C. Mo.</b>
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NOV 16 1955

NOV 19 1955

MAR 7 1956

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed.....

*Sylvester Quille*

Licensed Embalmer No. 4321

P. O. Address. *Jeffersonville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.