

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33788

State File No.

8253

BIRTH NO. 657691 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		c. CITY OR TOWN <u>KIRKWOOD 1</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <u>1 DAY</u>		e. STREET ADDRESS (If rural, give location) <u>656 NORTON AVE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>INCARNATE WORD HOSP.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>KAREN</u> b. (Middle) <u>LEE</u> c. (Last) <u>NELSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-25-53</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>8-25-1953</u>
9. AGE (In years last birthday)	10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS MO 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	13. NAME OF HUSBAND OR WIFE	
13a. FATHER'S NAME <u>THOS. F. NELSON</u>		13b. MOTHER'S MAIDEN NAME <u>CAROL THOMSON</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT'S SIGNATURE OR NAME <u>Thomas F. Nelson</u> ADDRESS <u>656 NORTON</u>	
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) <u>Prematurity</u> ANTECEDENT CAUSES Morbidity 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	
19a. DATE 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?		<u>776X</u>	
22. I hereby certify that I attended the deceased from <u>8-25</u> , 1953, to <u>8-25</u> , 1953, that I last saw the deceased alive on <u>8-25</u> , 1953, and that death occurred at <u>2:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Thomas F. Summers, M.D.</u> (Degree or title)		23b. ADDRESS <u>2000 S. Broadway</u>	
23c. DATE SIGNED <u>8/25/53</u>			
24a. AURIAL CREMATION REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>8-27-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>OAK HILL</u>		24d. LOCATION (City, town, or county) (State) <u>KIRKWOOD MO</u>	
DATE REC'D BY LOCAL <u>AUG 26 1953</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Earl Smith, M.D.</u> ADDRESS <u>Parker-aldrich 7 Home Webster Brown</u>	

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 No Embalming, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lucie Welch.....

Licensed Embalmer No. 439.....

P. O. Address Wahpeton, Iowa.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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