

FILED DEC 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42675
10503

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10503					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (in this place) 3 days		c. CITY OR TOWN Lemay, Mo.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital				e. STREET ADDRESS (If rural, give location) 1515 Telegraph Road							
3. NAME OF DECEASED (Type or Print) Elizabeth			a. (First)		b. (Middle) -----		c. (Last) Nielsen				
4. DATE OF DEATH		(Month) (Day) (Year)		November 17, 1954							
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 7, 1891		9. AGE (In years last birthday) Months Days Hours Min. 63			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY -----			11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? 0			
13a. FATHER'S NAME John O'Malley			13b. MOTHER'S MAIDEN NAME Mary Dennis			14. NAME OF HUSBAND OR WIFE William					
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 William Nielsen				ADDRESS 1517 Telegraph Lemay, Mo.		
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension, Arteriosclerosis, Atrial Fibrillation</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 days			
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331X							
22. I hereby certify that I attended the deceased from 11-13, 1954, to 11-15, 1954, that I last saw the deceased alive on 11-15, 1954, and that death occurred at 8.10 P.M., from the causes and on the date stated above.											
23a. SIGNATURE <i>Arnold Klein MD</i>				(Degree or title)		23b. ADDRESS 2632 So Kingshighway		23c. DATE SIGNED 11-16-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 20, 1954		24c. NAME OF CEMETERY OR CREMATORY New Pickers Cemetery		24d. LOCATION (city, town, or county) (State) 7133 Gravois ave.					
DATE REC'D BY LOCAL REG. NOV 18 1954		REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>			25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister U. & L. Co.		ADDRESS 7814 S. Broadway				

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.....
Signature of Student Embalmer

Signed.....
Louis C. Hoffner

Licensed Embalmer No. 3871

P. O. Address 7814 S. B.

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.