

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22360**

FILED JUL 2 1956

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>590</b>		Registrar's No. <b>1529</b>			
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>					
b. CITY (If outside corporate limits, write RURAL and give township) <b>Ladue</b>		c. LENGTH OF STAY (in this place) <b>years</b>		c. CITY OR TOWN <b>Ladue 44310</b>		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 <b>751 Cella Road</b>				e. STREET ADDRESS (If rural, give location) <b>751 Cella Road</b>					
3. NAME OF DECEASED (Type or Print) <b>Winifred Ursula Nelson</b>			4. DATE OF DEATH <b>June 21 1956</b>						
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>4-5-1878</b>			
9. AGE (In years last birthday) <b>73</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Mark Keilty</b>		13b. MOTHER'S MAIDEN NAME <b>Bridget U.K.</b>		14. NAME OF HUSBAND OR WIFE <b>James L. Nelson</b>					
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 ADDRESS <b>James L. Nelson 751 Cella Road</b>					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Arteriosclerosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>gen. arterio-sclerosis</b> <b>Diabetes mellitus</b> DUE TO (c) <b>Thyroidosis Cerebrovascular</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>3 yr</b> <b>5 yr</b> <b>5 yr</b> <b>6 yrs</b>	
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?					
22. I hereby certify that I attended the deceased from <b>OCT 1955</b> , to <b>June 21, 1956</b> , that I last saw the deceased alive on <b>June 21, 1956</b> , and that death occurred at <b>12 P</b> m., from the causes and on the date stated above.									
23a. SIGNATURE <b>H.R. Roberts MD</b>				(Degree or title)		23b. ADDRESS <b>110 S. Central Clayton 571-</b>			
23c. DATE SIGNED <b>2-56</b>		23d. DATE <b>6-25-1956</b>		23e. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		23f. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)			
<b>REMOVAL</b>		<b>6-25-1956</b>		<b>Calvary Cemetery</b>		<b>St. Louis Missouri</b>			
DATE REC'D BY LOCAL REG. <b>6-22-56 Herbert B. Donohue MD</b>				REGISTRAR'S SIGNATURE <b>Arthur J. Donnelly</b>					
25. FUNERAL DIRECTOR'S SIGNATURE <b>Arthur J. Donnelly</b>				ADDRESS <b>3840 Lindell Blvd.</b>					

(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 me....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed [Signature].....

Licensed Embalmer No. 4699

P. O. Address 3840 L...

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.