Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-030804
STATE FILE NUMBER

FILED SEP 15 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7869

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis (If outside corporate limits, give TOWNSHIP only) — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION: St. John's Hospital (If NOT in hospital, give location) — Length of stay in 1b: 23

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: Clayton 4462 — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS: 6319 Alexander Drive (If outside, give location) — Reside on Farm: Yes ☐ No ☑ — 27

3. NAME OF DECEASED (Type or print): First CHARLES Middle HUGH Last NEILSON

4. DATE OF DEATH: Month 8 Day 13 Year 1958

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: July 19th, 1868
9. AGE (In years last birthday): 90 — 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): Physician
10b. KIND OF BUSINESS OR INDUSTRY: Medical
11. BIRTHPLACE (City and state or country): Berkshire, Ohio
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Arthur Wright Neilson
13b. MOTHER'S MAIDEN NAME: Ellen Schank
14. NAME OF HUSBAND OR WIFE: Ebba Anderson Neilson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Ebba Anderson Neilson Address: 6319 Alexander Dr.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma of Sigmoid Colon — INTERVAL BETWEEN ONSET AND DEATH: 18 mos
(Metastases Liver & Lungs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 153.3

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 1957, to Aug 13, 1958 and last saw him alive on Aug. 12, 1958
Death occurred at 1:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Alphonse McMahon (Degree or title) M.D.
22b. ADDRESS: 634 North Grand
22c. DATE SIGNED: 8/13/1958

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
23b. DATE: 8/13/1958
23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Crematory
23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

24. FUNERAL DIRECTOR: C. R. Lupton & Sons ADDRESS: 7233 Delmar Blvd.
25. DATE RECD. BY LOCAL REG.: AUG 13 '58
26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. M.S.D.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. Bert Coughlin

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, M

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.