

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003323

STATE FILE NUMBER

JAN 28 1959

Registration District No.

Primary Registration District No.

Registrar's

2 464

300
1-57
82

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hosp.		d. STREET ADDRESS (If outside, give location) 1121a S. Taylor Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last ALFRED T. NELSEN		4. DATE OF DEATH Month Day Year Jan. 12 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 22, 1895
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationery Engineer - St. Louis Ind. Pkg. Co.		9b. KIND OF BUSINESS OR INDUSTRY	9c. BIRTHPLACE (City and state or country) St. Louis, Mo.
10a. FATHER'S NAME Jacob Nelsen		10b. MOTHER'S MAIDEN NAME Lena Flier	10c. CITIZEN OF WHAT COUNTRY? U.S.A.
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WORLD WAR I		12. SOCIAL SECURITY NO. 489-05-9685	13. INFORMANT Address Mrs. Michael Krug 1121a S. Taylor
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Carcinoma of the Lung - Generalized Metastasis</i>			19. INTERVAL BETWEEN ONSET AND DEATH 15 Mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			163X
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Death occurred at <i>June 1947</i> to <i>12 Jan 59</i> and last saw him alive on <i>8 Jan 59</i> <i>3:45 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>George W. Kelly M.D.</i>		22b. ADDRESS <i>4501 Manchester</i>	22c. DATE SIGNED <i>14 Jan 59</i>
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal		23b. DATE Jan. 15, 1959	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.
		23d. LOCATION (City, town, or county) St. Louis Co. Mo.	
24. FUNERAL DIRECTOR Kriegshauser 4228		25. DATE RECD. BY LOCAL REG. JAN 14 '59	26. REGISTRAR'S SIGNATURE <i>Carl Smith Mo</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in Part 18. No symptoms will be traced. All diseases in Part I must be causally related.

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 *William B. White*

Licensed Embalmer No. *4091*

P. O. Address *422 E. King Street*

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.