

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 7052** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Length of stay in 1b		c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>D.O.A. City Hospital-1</i>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>2431 Division</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) <i>Linda Nelson</i>				4. DATE OF DEATH Month <i>July</i> Day <i>27</i> Year <i>1959</i>							
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Nepo</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>20 Sept 56</i>		9. AGE (at birthday) <i>2</i>	IF UNDER 1 YEAR Months <i>10</i> Days	IF UNDER 24 HR Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>xxx</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>xxx</i>		11. BIRTHPLACE (City and state and country) <i>St. Louis Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>US.</i>				
13a. FATHER'S NAME <i>Dennis C. Nelson</i>			13b. MOTHER'S MAIDEN NAME <i>Mamie Conner</i>			14. NAME OF HUSBAND OR WIFE <i>xxx</i>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>			16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT <i>Mamis Nelson</i>			Address <i>2431 Division</i>			
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>Massive Intra-cranial Hemorrhage</i> DUE TO (b) <i>Multiple Comminuted fractures of the skull.</i> DUE TO (c)								INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in Part I (a) <i>found in fall of home window of project - Home</i>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter date of injury in Part I of Part II, item 28) <i>not clear of project to ground below at 2431 Division St about 2:15 p.m., July 27, 1959.</i>		20c. TIME OF INJURY Hour <i>2:15</i> p.m. Month, Day, Year <i>7 27 59</i>		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, factory, street, office bldg., etc.) <i>Project - Home</i>		20f. CITY, TOWN, OR LOCATION <i>St. Louis Mo.</i>	
21. I attended the deceased from <i>2:35 P.M.</i> and last saw her alive on _____						Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>James In Swan Deputy Coroner</i>				22b. ADDRESS <i>1200 Clark</i>				22c. DATE SIGNED <i>7/29/59</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>		23b. DATE <i>3 Aug. 1959</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Greenwood Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo.</i>					
24. FUNERAL DIRECTOR <i>Reliable Funeral Sys. 1389 N. Union</i>				25. DATE RECD. BY LOCAL REG. <i>JUL 30 59</i>		26. REGISTRAR'S SIGNATURE <i>Paul Smith, M.D.</i>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 1405 N. Main

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.