

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 13 1959

59-027004

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 7192** STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Length of stay in 1b 63 Yrs | c. CITY OR TOWN St. Louis |
| c. FULL NAME OF HOSPITAL OR INSTITUTION 4843 Lee Ave. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 4843 Lee Ave. |
| | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Nellie Middle Pryor Last Nelson | | | 4. DATE OF DEATH Month July Day 31 Year 1959 | | |
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|-------------------------|----------------------------------|---|--------------------------------------|--|---|----------------|
| 5. SEX Female | 6. COLOR OR RACE Negro | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 11/5/1879 | 9. AGE (last birthday) 79Yrs | IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____ | IF UNDER 24 HR |
|-------------------------|----------------------------------|---|--------------------------------------|--|---|----------------|

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| 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 country) Chester Illinois | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME Gillis Pryor | 13b. MOTHER'S MAIDEN NAME Martha - Unknown | 14. NAME OF HUSBAND OR WIFE Otto Nelson |
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| 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 Margaret Lott 4843 Lee Ave. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). -- PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Arrest | | INTERVAL BETWEEN ONSET AND DEATH Sec. seconds |
| DUE TO (b) Arteriosclerotic Heart Disease | | Sec. years |
| DUE TO (c) 4200 | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Nephrosclerosis | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 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.) |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | Month, Day, Year |
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| 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 |
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21. I attended the deceased from **11-9-57** to **7-31-59** and last saw her ^{him} alive on **7-31-59**
Death occurred at **8:42 P.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) Bernard C. Randolph, M.D. | 22b. ADDRESS 4903a Easton Avenue | 22c. DATE SIGNED 8-3-59 |
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|---|----------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 8/6/59 | 23c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo. |
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| 24. FUNERAL DIRECTOR Gates Funeral Home | ADDRESS 4107 Finney | 25. DATE RECD. BY LOCAL REG. AUG 3 '59 | 26. REGISTRAR'S SIGNATURE Carl Smith, M.D. |
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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

Rayton Swan

Licensed Embalmer No. 4580

P. O. Address 4107 Finney

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.