

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-034138

FILED VS SEP 21 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 8298** STATE FILE NUMBER

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, MISSOURI			Length of stay in 1b 3 HRS.	c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1507 DESTREHAN		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First FLOSSIE Middle B. Last NELSON				4. DATE OF DEATH Month SEPTEMBER Day 7 Year 1959			
5. SEX FEMALE	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 1-5-1890	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months — Days — Hours — Min. —	IF UNDER 24 HR Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SEWING		10b. KIND OF BUSINESS OR INDUSTRY TENT MAKING		11. BIRTHPLACE (City and state or country) ALBION, ILL		12. CITIZEN OF WHAT COUNTRY U. S. A	
13a. FATHER'S NAME WILLIAM DALEY			13b. MOTHER'S MAIDEN NAME ELIZABETH SHUNK		14. NAME OF HUSBAND OR WIFE JAMES NELSON		
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. 499-28-3216		17. INFORMANT Address JAMES NELSON 1507 DESTREHAN			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION						FEW HOURS	
DUE TO (b) CORONARY THROMBOSIS						FEW HOURS	
DUE TO (c) CORONARY ARTERIOSCLEROSIS 4201						MANY YEARS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 _____ a.m. _____ p.m.		Month, Day, Year					
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 AUG. 24, 1959 to SEPT. 7, 1959 and last saw her alive on SEPT. 7, 1959							
Death occurred at 11:15 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) C. O. Vermillion, M.D.				22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 9/8/59 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 9-10-59	23c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEMETERY		23d. LOCATION (City, town, or county) GRAYVILLE, ILL			
24. FUNERAL DIRECTOR HOWARD H. MICHEL 5930 SOUTHWEST			ADDRESS		25. DATE RECD. BY LOCAL REG. SEP 8'59	26. REGISTRAR'S SIGNATURE Loed Smith, M.D.	

INDEXED 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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W E Morris

Licensed Embalmer No. 3360

P. O. Address St Louis

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.