

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

176  
Do not use this space.

**1. PLACE OF DEATH**  
1791  
1003

(a) County .....  
(b) Township .....  
(c) City St. Louis (d) Street No. Missouri Baptist Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Louise Nelson 425  
(a) Residence, No. 2951 N. Euclid Ave. St. 6  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6th, 1924  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
13 11 25

**OCCUPATION**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School  
9. Industry or business in which work was done, as saw mill, bank, etc. ....  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma

**FATHER**

13. NAME Albert Nelson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma

**MOTHER**

15. MAIDEN NAME Ruth Jackson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma

17. INFORMANT (ADDRESS) Olga Brown  
2951 N. Euclid Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mathews Cem. DATE Jan. 6rd, 1938

19. FUNERAL DIRECTOR (ADDRESS) Whehmann Funeral  
1905 Union Blvd.

20. FILED JAN 3 1938 J. Medeck  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31st, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-27, 1937, to 12-31, 1937.

I last saw h. ex alive on 12-31, 1937. Death is said to have occurred on the date stated above, at 10:45 P.M.

The principal cause of death and related causes of importance were as follows:

Acute purpurous appendicitis Date of onset 12/27/37

Other contributory causes of importance Peritonitis 12-29-37

Name of operation Appendectomy Date of 12/27/37  
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) Charles H. Shurt, M. D.  
(Address) 508 N. Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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*St. Louis Mo.*

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed *Harold A. Cawer* .....

Licensed Embalmer No. *3534*

**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.)**