

No. 2
13-40
17-39
X23159

FILED SEP 1 1940

State File No.

Registration District No. 784

Primary Registration District No. 115

Registrar's No. 1582

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7155 Pershing Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

3. (a) PRINT FULL NAME Adele Nelson 425

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joseph A. Nelson

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased: Dec. 27th 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>7</u>	<u>21</u>	hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name John Horst

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Emma Dahm

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph A. Nelson

(b) Address 7155 Pershing Ave.

17. (a) Burial (b) Date thereof 8-20-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) AUG 20 1940 (b) [Signature]
(Date received local record) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. 7155 Pershing Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 17th
year 1940 hour 4:45 minute A.M. M.

21. I hereby certify that I attended the deceased from January - 1940
to August 17, 1940
that I last saw her alive on August 16, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Hodgkins Disease

Due to.....

Due to.....

Other conditions Pyelitis 72h
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

Duration.....

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
707
(Specify type of place)

While at work..... (e) Means of injury.....

23. Signature Dr. M. E. Pfeiffer, D.C. Phc.
Address 3340 So. Grand Date signed 8/18-40
(M. D. or other)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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NOV 15 1946

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Edwin M. Dermott

Licensed Embalmer No..... *3024*

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.