

DEC 22 1941 791

Primary Registration District No. 1003

Registrar's No. ....

1. PLACE OF DEATH:

(a) County.....  
(b) City or town. **St. Louis,**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Homer G. Phillips Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **11-17 toll-26-41.**  
(Specify whether  
In this community **27 yrs,**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County.....  
(c) City or town **St. Louis,**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4245 R. Easton, Ave**  
(If rural, give location)  
(e) Citizen of foreign country? **no.** (Yes or No)  
If yes, name country **U.S.A. Born.**

3. (a) PRINT FULL NAME **Emil Nelson,**

3. (b) If veteran, name war **none.** 3. (c) Social Security No. **none.**

4. Sex **Male,** 5. Color or race **Col,** 6. (a) Single, widowed, married, divorced **Widower,**  
6. (b) Name of husband or wife **Mrs. Jennie Nelson, deceased.** 6. (c) Age of husband or wife if **deceased.** years  
7. Birth date of deceased **Jan'y 11th, 1872.**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**68 10 15** .br. .min.

9. Birthplace **Coffman, Missouri.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired laborer,**  
11. Industry or business **St. Joe Lead Co., Ind'ry.**

MOTHER FATHER { 12. Name **Patrick Nelson,**  
13. Birthplace **Missouri.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Elizabeth Ward,**  
15. Birthplace **Elizabeth Missouri.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Edyth Nelson Yandell.**  
(b) Address **4220 N. Market, St.**

17. (a) **Burial,** (b) Date thereof **11-29-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Herculaneum, Mo.**

18. (a) Signature of funeral director **J. T. Prodeck**  
(b) Address **2812, Thomas, St., St. Louis, Mo.**

19. (a) **NOV 28 1941** (b) **J. T. Prodeck**  
(Date received and registered) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **26th,**  
year **1941.** hour **12:30.** minute **A.** .M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....  
that I last saw h..... alive on ..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Interstitial Nephritis.** Duration

Due to .....  
Due to .....  
**131**

Other conditions.....  
(Include pregnancy within 3 months of death)

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

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?

While at work?..... (Specify type of place) (c) Means of injury **3**

23. Signature **W. H. ...** (M. D. or other)  
Address **...** Date signed **11/27/41**

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

**STATEMENT BY LICENSED EMBALMER**

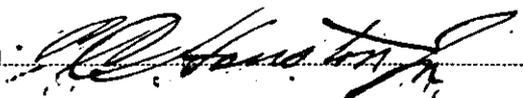
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

**Myself**.....

Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. **2266**.....

P. O. Address **2812. Thomas, 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 this body is not embalmed, fact should be so stated above.**