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5-17-39
-I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1942 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9029
Registrar's No. 2293

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution Infirmery
(d) Length of stay: In hospital or institution 4 yrs. 7 mo. 21 days
In this community 61 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Fred Nelson
3. (b) If veteran. name war. 3. (c) Social Security No.

4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive years 16 1863
7. Birth date of deceased Aug. 16 1863 (Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 20 If less than one day hr. min.

9. Birthplace Sweden (City, town, or county) (State or foreign country)

10. Usual occupation Dishwasher

11. Industry or business none

MOTHER FATHER { 12. Name Nils Nelson
13. Birthplace Sweden (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace ? (City, town, or county) (State or foreign country)

16. (a) Informant D. E. Basso
(b) Address 5800 Arsenal St. St. Louis, Mo.

17. (a) Cremation (b) Date, hereof 3/13/42 (Month) (Day) (Year)
(c) Place: burial or cremation City Crematory

18. (a) Signature of funeral director City of St. Louis
(b) Address City of St. Louis

19. (a) MAD 12 1942 (Date received local registrar) J. F. Breda (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis Missouri
(d) Street No. 2204 S. 4th St. (If outside city or town limits, write "RURAL")
(e) Citizen of foreign country? ANXX (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th year 1942 hour 4:30 A.M. minute. M.

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

Immediate cause of death Osteomalacia Duration
Due to 12 73
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Pulmonary tuberculosis, Tuberculous enteritis
Of autopsy Gastro-enterostomy
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) (e) Means of injury 0
23. Signature L. H. Blaney (M. D. or other) MD
Address 5600 Arsenal Date signed 3-12-42

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

Embalmer by

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.....

Licensed Embalmer No.....

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.