

S. No. 2
OM-5-42
ev. 5-17-39
I X32873

35738

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

DEC 1 1942 18

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 9821

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:
782A Bayard Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 782A Bayard Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jens Christian Nelson

3. (b) If veteran, name war _____

3. (c) Social Security No. 491-18-0428

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23
year 1942 hour 5 minute 12P. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Margaret Nelson

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Dec. 15 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-1-42 to 11-23-42
that I last saw him alive on 11-23-42, 19____;
and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|----------|----------------------|
| | <u>75</u> | <u>11</u> | <u>8</u> | hr. _____ min. _____ |

Immediate cause of death

Cerebral Embolus
Secondary cerebral

Due to Aspertertion and

Due to Cholesterosis Sini

Other conditions (Include pregnancy within 3 months of death) 82

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

10. Usual occupation Tool & Die Maker

11. Industry or business Retired

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Margaret Nelson

(b) Address 782A Bayard Ave.

17. (a) Burial (b) Date thereof 11-25-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Churchyard

18. (a) Signature of funeral director Drehmann-Harrai

(b) Address 1905 Union Blvd.

19. (a) NOV 24 1942 (b) J. J. Bredeck
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature R. K. Anderson (M. D. or other) _____
Address 4932 Hollywood Date signed 11-23-42

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

B

4932 Woodford
1-41

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 Robert M. Woodford

Licensed Embalmer No. 42273

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