

JUL 12 1943

Registration District No. 310

Primary Registration District No. 3052

Registrar's No. 115

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One Day (Specify whether
In this community Lifetime (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 825 A North Second
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Nelson Canell

3. (b) If veteran,

name war No

3. (c) Social Security

No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Philomena (Breman) Canell (c) Age of husband or wife if alive 35 years

7. Birth date of deceased June 25 1865
(Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 1 If less than one day hr. min.

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

10. Usual occupation Unknown

11. Industry or business

12. Name Louis Canell
13. Birthplace St. Charles Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Philomena Canell

(b) Address 825 A North Second, St. Charles, Mo.

17. (a) Burial (b) Date thereof June 28 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Charles Breman

18. (a) Signature of funeral director H. C. Dallinger & Sons

(b) Address 801 N. Second, St. Charles, Mo.

19. (a) 6/26/43 (b) Ernest E. Paul
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1943 hour 2 minute 0 M.

21. I hereby certify that I attended the deceased from June 23rd
1943 to June 26th 1943
that I last saw him alive on June 25th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of heart
Due to heart

Due to Chronic Interstitial Nephritis

Other conditions General Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations No
Of autopsy No

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? _____

23. Signature A. P. Erisch Schmidt (M. D. or D. O.)
Address St. Charles, Mo. Date signed 6/29/43

Duration

24 hr.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 John E. Dallmeyer
Licensed Embalmer No. 2957
P. O. Address St Charles Mo

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.