

FILED MAY 2 1944
218

State File No.

Registration District No. 218

Primary Registration District No.

Registrar's No. 3703

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:
3700 LaSalle St
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 1524 Big Bend Road
(If rural, give location)

(e) Citizen of foreign country? 8 (Yes or No)
If yes, name country 3

3. (a) PRINT FULL NAME Helen Dorothy Nulsen

3. (b) If veteran, name war No

3. (c) Social Security No. 191-07-8317

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th
year 1944 hour 5.15 minute A M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Wm. E. Nulsen 6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased April 27th, 1914
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 6, 1943
April 13, 1943 to April 13, 1943,
that I last saw h. av alive on April 13, 1943, 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

29	11	27	22	hr. min.
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Immediate cause of death Pulmon Tub Duration over 2 yrs

9. Birthplace Glencoe, Mo. 0
(City, town, or county) (State or foreign country)

Due to Pulmon Tub

Due to none

10. Usual occupation Breast skiver

Other conditions (Include pregnancy within 3 months of death) none

11. Industry or business Convy Heel Covering Co.

Major findings: Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name ? West

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

14. Maiden name Linda Judd

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

16. (a) Informant Wm. E. Nulsen
(b) Address 1524 Big Bend Rd

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?

17. (a) Burial (b) Date thereof 4/21/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address 6633 Clayton Road

While at work? (Specify type of place)

(e) Means of injury

Signature J. F. Bredel Address 607 N. Grand Date signed 4/20/44

19. (a) APR 21 1944
(Date received local registrar)

(b) J. F. Bredel
(Registrar's signature)

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

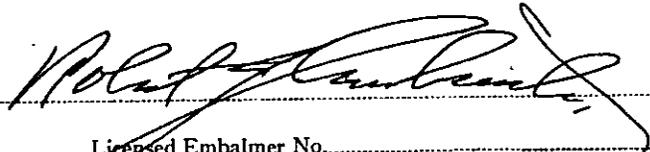
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STATEMENT BY LICENSED EMBALMER

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.