

FILED JUL 24 1944
 Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 1519

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Gravios Twp.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4760 Heege
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 1 1/2 years _____ (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Gravios Twp.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4760 Heege
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Jacob Andrew Nelson
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 14
 year 1944 hour 1.00 minute 4 A.M.
 21. I hereby certify that I attended the deceased from Sudden death
without medical attendance 19 _____ to _____ 19 _____
 that I last saw h _____ alive on _____
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Bertha Nelson 6. (c) Age of husband or wife if alive 50 years
 7. Birth date of deceased April 1, 1891
 (Month) (Day) (Year)

Immediate cause of death Coronary occlusion
 Due to Coronary sclerosis
 Due to _____

8. AGE: Years Months Days If less than one day
53 3 12 hr. _____ min.

Other conditions (include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy No.

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

10. Usual occupation Daborers

11. Industry or business Odd Jobs

12. Name Karl Nelson

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

14. Maiden name Marion Unknown

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

16. (a) Informant Bertha Nelson

(b) Address 4760 Heege Rd.

17. (a) Burial (b) Date thereof July 17, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Avenue

19. (a) JUL 17 1944 (b) E. S. McAvran
 (Date received local registrar) (Registrar's signature)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Signature: _____
 (M. D. or other) M.D.

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?
 (Specify type of place)
 While at work? _____ (e) Means of injury _____

Signature [Signature] (M. D. or other) M.D.
 Address 601 Brentwood Date signed _____
St. Louis Co. Hlth. Dept.

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

7600

7/17/44

SEP 28 1944

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 Agonochi
Licensed Embalmer No. 3398
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.