

FILED DEC 2 1946
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Registrar's No. 9822

Registration District No. _____ Primary Registration District No. _____

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:
3409 Arlington Ave. 1
(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 150
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 617
(d) Street No. 3409 Arlington Ave. 1 (If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ZORAH NIELSEN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alfred M. Nielsen 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____ (Month) 7 - _____ (Day) 27 - _____ (Year) 1879

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 17 year 1946 hour _____ minute 2:40 P.M.
21. I hereby certify that I attended the deceased from Oct 28, 1946 to Nov. 17, 1946
that I last saw her alive on Nov. 11, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Septic Pneumonia
Due to metastatic carcinoma
Primary Site-Right leg.

Due to _____
Other conditions Chr myocardia
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
67 3 15 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Samuel Tyler

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

14. Maiden name Mary Miller

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

16. (a) Informant James Rigdon

(b) Address 3409 Arlington Ave.

17. (a) Burial (b) Date thereof 11-18-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Truth Center Mortuary

(b) Address 4024 Lindell Blvd

19. (a) NOV 18 1946 (b) J. F. Bradek
(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? _____

(Specify type of place) (e) Means of injury _____
23. Signature Samuel Tyler (M. D. or other) no
Address 2906 N. Union Date signed 11/17/46

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 Ketter*

Licensed Embalmer No..... *3880*

P. O. Address..... *St Louis 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.