No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 21 1948

Registration District No. 317

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3066

State File No. 3335

Registrar's No. 172

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

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town KIRKWOOD (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: OZARK NURSING HOME (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Mo. (Specify whether
In this community 7 YRS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST LOUIS 96
(c) City or town WEBSTER GROVES 7 (If outside city or town limits, write "RURAL")
(d) Street No. 414 EAST BIG BEND RD. 4 (If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME NELLIE PAULINE DUESLER
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife JOHN DUESLER
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased FEB. 9 (Month) 1876 (Day) (Year)

8. AGE: Years 71 Months 11 Days 9 If less than one day — hr. — min.

9. Birthplace MINERAL POINT WIS. 1 (City, town, or county) (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business —
FATHER
12. Name OLE ANDERSON
13. Birthplace — NORWAY 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace CHRISTIANA NORWAY 4 (City, town, or county) (State or foreign country)
16. (a) Informant NORMAN H. PERSONS
(b) Address 407 N 8th ST.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN-20-1948 (Month) (Day) (Year)
(c) Place: burial or cremation OAK HILL CEM.
18. (a) Signature of funeral director Parker Und Co
(b) Address WEBSTER GROVES MO.
19. (a) 1-20-48 (Date received local registrar) (b) Carl A. J. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 18 year 1948 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov. 1, 1947, to 18 Jan. 1948; that I last saw her alive on 16 Jan. 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	5 yrs.
Due to unknown 45d	
Due to —	
Other conditions Anemia of Jaw (Include pregnancy within 3 months of death)	1 yr.

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause of which death should be charged statistically.

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 —

23. Signature J. A. Barnett (M. D. or other) M.D.
Address 243 W. Jefferson Kirkwood Mo. Date signed 19 Jan. 48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves 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.