

FILED MAY 11 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14532

State File No. ....

318

1003

3754

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. <b>3754</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rock Hill, Mo.</b>		4631	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Firmin Desloge Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>2559 Rockford</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Fred</b>		b. (Middle) <b>Mills</b>		c. (Last) <b>Nelson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>4-20-51</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>10-1-96</b>		9. AGE (In years last birthday) <b>54</b>		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Rock Hill, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Fred Nelson</b>		13b. MOTHER'S MAIDEN NAME <b>Adell Stien</b>		14. NAME OF HUSBAND OR WIFE <b>Hazel Nelson</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>Yes</b> (If yes, give year or dates of service) <b>Novy 1906</b>		16. SOCIAL SECURITY NO. <b>499-12-4388</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Hazel Nelson</b>		ADDRESS <b>2559 Rockford</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b>		ANTECEDENT CAUSES				2-4 years	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b>					
		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4200</b>			
22. I hereby certify that I attended the deceased from <b>2-5-51</b> , 19____, to <b>4-20-51</b> , 19____, that I last saw the deceased alive on <b>4-20-51</b> , 19____, and that death occurred at <b>9:55 P.M.</b> from the causes and on the date stated above.							
23a. SIGNATURE <b>J.C. Redington Jr.</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>1325 S. Grand, St. Louis 4, Mo.</b>		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL, (Specify) <b>Burial</b>		24b. DATE <b>4-23-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ORCH HILL</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>		
DATE REC'D BY LOCAL REG. <b>APR 22 1951</b>		REGISTRAR'S SIGNATURE <b>J.B. Suter</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>B. Smith Funeral Home</b>		ADDRESS <b>4456 Manchester, Maplewood, Mo.</b>	

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

1957

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_  
Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed W E Morris

Licensed Embalmer No. 3360

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.