

FILED JUN 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17718

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6048 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <b>St Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If immediate residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Warren</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Dardenne Twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Hickory-Grove 1090</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>August</b> b. (Middle) <b>Julius</b> c. (Last) <b>Nelson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 29 1951</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>June 16 1885</b>		9. AGE (In years last birthday) <b>65</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cement Finisher</b>	
11. BIRTHPLACE (State or foreign country) <b>Wisconsin</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. KIND OF BUSINESS OR INDUSTRY <b>Construction Co</b>	

13a. FATHER'S NAME <b>John Nelson</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Dorothy Nelson</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War No I</b>		16. SOCIAL SECURITY NO. <b>494-09-3406</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Dorothy Nelson Wright City Mo</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Crushed Chest</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Automobile accident One car involved.</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <b>34</b> <b>32</b>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway 40-61</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Dardenn St. Charles Mo</b>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>May, 29, 51 6:30P.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Car ran off Highway</b>	
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22. I hereby certify that I attended the deceased from **May 29, 1951**, to **May 29, 1951**, that I last saw the deceased alive on **May 29, 1951**, and that death occurred at **6:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Marion Muehling Corona</b>		23b. ADDRESS <b>Wentzville Mo</b>		23c. DATE SIGNED <b>May 31 51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 2 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St Patrick Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Wentzville MO</b>	
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DATE REC'D BY LOCAL REG. <b>June 1 - 51</b>		REGISTRAR'S SIGNATURE <b>E A Keithley 280</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Nieburg Furn &amp; Und Co Wright City MO</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1920  
3

JUN 29 1951

JUN 27 1951

File No.

DISTRICT HEALTH OFFICE NO. 4

JUN 5 1951

RECEIVED

JUN 18 1951

JUN 22 1951

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, *[Signature]*

working under my personal supervision.

Student Embalmer No. ....

Signed *Julius J. Nieburg*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3366*

P. O. Address *Wright City*

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.