

FILED JUN 22 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **21589**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **4464** Registrar's No. **2454**

1. PLACE OF DEATH a. COUNTY <b>ST LOUIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST LOUIS</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>OVERLAND</b>		c. LENGTH OF STAY (in this place) <b>22 YRS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>OVERLAND</b>		<b>422A</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2337 BURNS</b>				d. STREET ADDRESS (If rural, give location) <b>2337 BURNS</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b>		b. (Middle) <b>SUSAN</b>		c. (Last) <b>NELSON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 18 1951</b>	
5. SEX <b>FEMALE</b>	6. COLOR OF RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>FEB 18 1875</b>	9. AGE (in years last birthday) <b>76</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>		11. BIRTHPLACE (State or foreign country) <b>MEHLVILLE, MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>HENRY BUCHER</b>		13b. MOTHER'S MAIDEN NAME <b>MARY ANN MEYER</b>		14. NAME OF HUSBAND OR WIFE <b>GEORGE DCD</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>MYRTLE MUELLER 2337 BURNS</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardio-Vascular disease, Hypertensive</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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>3 yrs +</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4434</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>12-26-1924</b> to <b>7-23-1951</b> , that I last saw the deceased alive on <b>4-23-1951</b> , and that death occurred <b>at home</b> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Herbert R. Somke</i>				23b. ADDRESS <b>601 S Brentwood Clayton Mo</b>		23c. DATE SIGNED <b>6/18/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>6-20-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>LAKE CHARLES PARK WELLS</b>		24d. LOCATION (City, town, or county) (State) <b>MO</b>	
DATE REC'D BY LOCAL REG. <b>6-19-51</b>		REGISTRAR'S SIGNATURE <i>Herbert R. Somke</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Baumman Brothers Inc</i>		ADDRESS <b>Overland MO</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Oscar F Mueller*

Licensed Embalmer No. *3039*

P. O. Address *Oberland 14 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.