

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25064**

FILED JUL 19 1951

BIRTH NO. _____		REG. DIST. NO. 338		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5510			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sappington 4830		d. STREET ADDRESS (If rural, give location) 5 PARKWAY DR. 1			
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL				3. NAME OF DECEASED a. (First) CARRIE b. (Middle) _____ c. (Last) NELSON					
4. DATE OF DEATH (Month) (Day) (Year) JUNE 17-51		5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W			
8. DATE OF BIRTH DEC-29-1875		9. AGE (In years last birthday) 75 YRS		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL		10b. KIND OF BUSINESS OR INDUSTRY _____			
11. BIRTHPLACE (State or foreign country) Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John SHRIKE		13b. MOTHER'S MAIDEN NAME MARY STEIN			
14. NAME OF HUSBAND OR WIFE George NELSON		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS CARL F. Nelson 5 Parkway DR. Sappington Mo			
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) Arterio-sclerotic cardiovascular disease Ch. Glomerular nephritis DUE TO (b) Uremia DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus				INTERVAL BETWEEN ONSET AND DEATH 4 days 4 years	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE No (Specify) _____			
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 442X		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? 572X		22. I hereby certify that I attended the deceased from March 15, 1951 , to 6-17 , 19 51 , that I last saw the deceased alive on 6-17 , 19 51 , and that death occurred at 7:15 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE John J. Hammond M.D. (Degree or title) _____				23b. ADDRESS 634 N. Grand		23c. DATE SIGNED 6/18/51			
24a. BURIAL/CREMATION REMOVAL (Specify) BURIAL		24b. DATE JUNE-20-51		24c. NAME OF CEMETERY OR CREMATORY Sun Set Burial PK.		24d. LOCATION (City, town, or county) (State) St Louis Mo			
DATE REC'D BY LOCAL REG. JUN 18 1951		REGISTRAR'S SIGNATURE J B Lester		25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schurer		ADDRESS 3125 Lafayette			

(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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Joseph B. Wallmer

Signed.....
Student Embalmer

Licensed Embalmer No. *4214*

P. O. Address *3125 Lafayette*

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.