

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33272

No. 300  
10. 48

FILED SEP 25 1952

State File No. ....

BIRTH NO. 46053 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8337

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bethesda General Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>3627 Weber Rd.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>W</u> c. (Last) <u>Nelson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>September 3, 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>July 3, 1952</u>	9. AGE (In years last birthday) <u>0</u>	10. MONTHS <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>	
13a. FATHER'S NAME <u>Wm. W. Nelson</u>			13b. MOTHER'S MAIDEN NAME <u>Rose Jaros</u>		14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. William W. Nelson 3627 WEBER RD</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastro-enteritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Dehydration</u>			<u>3 days</u>
	DUE TO (c) <u>Malnutrition</u>			<u>2 weeks</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prematurity</u>				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>5710</u>

22. I hereby certify that I attended the deceased from July 3, 1952, to 9/3/, 19 52, that I last saw the deceased alive on 9/3/, 19 52, and that death occurred at 1:05P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Leroy E. Ellison M.D.</u>		23b. ADDRESS <u>3610 So Broadway, St. Louis Mo</u>		23c. DATE SIGNED <u>Sept 4, 1952</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>Sept 4 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>	
DATE REC'D BY LOCAL REG. <u>SEP 4 1952</u>	REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Letic 2906 Gravois</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

