

FILED NOV 6 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37766

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>2645</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE <u>Missouri</u> c. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. LENGTH OF STAY (in this place) <u>DOA</u>		c. CITY OR TOWN <u>Brentwood</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Co. Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>8611 1/2 Manchester</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Edward</u> c. (Last) <u>Nelson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 12 1953</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 8th 1899</u>		
9. AGE (In years last birthday) <u>52</u>		10. MONTHS <u>6</u>		11. DAYS <u>310</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Days IF UNDER 2 HRS. Hours IF UNDER 2 HRS. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Custodian</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Local 110</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John P. Nelson</u>			13b. MOTHER'S MAIDEN NAME. <u>Mary LaCrosse</u>		14. NAME OF HUSBAND OR WIFE <u>Rose A. Nelson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Arthur H. Jones</u>		ADDRESS <u>7813 St. Charles Rock Rd.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean mode of dying, such as heart failure, asthma, etc., but means the disturbance, injury, or complication which caused death.</i>								
MEDICAL CERTIFICATION								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>unknown natural causes</u>						INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES Morbidity 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.								
19a. DATE OF OPERATION <u>10/13/53</u>		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input 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)		7955		
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?				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>A. D. Buehmueller</u> (Degree or title) <u>Acting Health Commissioner</u>				23b. ADDRESS <u>651 S. Brentwood Blvd.</u>		23c. DATE SIGNED <u>10/17/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-14-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>10/13/53</u>		REGISTRAR'S SIGNATURE <u>Blackbeard</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jay B. Smith, Maplewood, Mo.</u>				

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.....
Signature of Student Embalmer

Not embalmed.
Signed..... *H. Burgess*

Licensed Embalmer No. *402*

P. O. Address *Maplewood*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of St. Louis } ss.

State File No. 37766
Local Registrar's No. 2645

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 10th day of November, 1953, before me appears.....

....., who, upon..... oath, states that the original record of ~~birth~~ ^{death} ~~XXXX~~

for JOHN EDWARD NELSON ^{died} ~~born~~ Oct. ???, 1953, in the State of Missouri, and which was filed at St. Louis, Mo. on 10-13-53, should be corrected as follows:

Item No. 8 should read 12-8-1889

Instead of..... 12-8-1890

Item No. 9 should read 63 yrs.

Instead of..... 62

Item No..... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant John V. Nelson son Relationship.
2510 Oakland Ave. Present Address.

Subscribed and sworn to before me this 10th day of November, 1953.

My Commission expires 10-23-1954 Ruth C. Evans Notary Public.

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