

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41715

FILED NOV 25 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2939

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Gravois Twship</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Gravois Twship</u>	
c. LENGTH OF STAY (in this place) <u>13 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>9881 Richter Lane</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9881 Richter Lane</u>		e. STREET ADDRESS <u>9881 Richter Lane</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>ERNEST</u> c. (Last) <u>NELSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 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>Feb. 28, 1889</u>		9. AGE (In years last birthday) <u>64</u>		10. IF UNDER 1 YEAR <u>8</u> Days IF UNDER 24 HRS. <u>15</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>truck driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hauling - Self</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Marion County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Flour Nelson</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Jane Sauls</u>		14. NAME OF HUSBAND OR WIFE <u>Olive Jane Doyel 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 ADDRESS <u>Mrs. Olive Nelson, 9881 Richter Lane</u>	

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) <u>arteriosclerotic heart disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
		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.					

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) (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 July, 1952, to Nov. 12, 1953, that I last saw the deceased alive on Nov. 12, 1953, and that death occurred at 1:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert W. Dickerson M.D.</u>		23b. ADDRESS <u>P.O. Box 6, Springfield, Mo.</u>		23c. DATE SIGNED <u>11-12-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>11-14-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kenner Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Hayden, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>11/14/53</u>		REGISTRAR'S SIGNATURE <u>Herbert B. Sontker</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Beiderwieden F.H. Inc., 1936 St. Louis Ave.</u>	
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(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 *[Handwritten Signature]*

Licensed Embalmer No. 4520

P. O. Address *St. Louis, 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.