

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39629

State File No. _____

FILED NOV 22 1954

BIRTH NO. _____		REG. DIST. NO. <u>717</u>		PRIMARY REG. DIST. NO. <u>548</u>		Registrar's No. <u>1623</u>			
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>Webster Grove</u>		c. LENGTH OF STAY (in this place) <u>3 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Grove</u>		d. STREET ADDRESS (If rural, give location) <u>15 N. Iola Dr.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>15 N. Iola Dr.</u>				d. STREET ADDRESS (If rural, give location) <u>15. N Iola Dr.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carl</u>			b. (Middle) <u>H.</u>		c. (Last) <u>Nelson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 10 1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>June 6 1902</u>		9. AGE (In years last birthday) <u>52</u> # UNDER 1 YEAR Months # UNDER 1 YEAR Days # UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Furniture Salesman Western Co</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Kansas City Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Peter A. Nelson</u>			13b. MOTHER'S MAIDEN NAME <u>Mathilda Johnson</u>			14. NAME OF HUSBAND OR WIFE <u>Divorced</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>488-05-5462</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Barbara Nelson 4571a Gravois</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolism</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac mural Thrombus</u> DUE TO (c) <u>Cor Bovis</u> 434.3 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>3 to 4 hrs.</u> <u>2 yrs.</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) (Minute)		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 <u>12-17, 1953</u> , to <u>11-10, 1954</u> , that I last saw the deceased alive on <u>11-5, 1954</u> , and that death occurred at <u>5.00 PM.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>James A. Bailey MD.</u>				23b. ADDRESS <u>3109 No Grand</u>				23c. DATE SIGNED <u>11-12-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/13/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakhill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>11/2/54</u>		REGISTRAR'S SIGNATURE <u>Wesley R. Lombard</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm, Schumacher 3013 Meramec</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. F. A. Bailey
3108 So Grand St.
12³⁰ To 1 P.M. Friday

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.....

Jack Haupt

Licensed Embalmer No.

4746

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.