

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8022**

FILED APR 2 1956  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 4038 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <b>BENTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis Co.</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WARSAW</b>		c. CITY OR TOWN <b>St Louis, Mo</b>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>1 day.</b>		e. STREET ADDRESS (If rural, give location) <b>55 WINCORD Dr 2<sup>nd</sup></b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>NONE</b>			

3. NAME OF DECEASED (Type or Print) <b>CARL FOSTER NELSON</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>Mar 24, 1956</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>Apr 21, 1902</b>	9. AGE (In years last birthday) <b>53</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>3</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret Restaurant owner</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Self Employed</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St Louis</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>George Nelson</b>	13b. MOTHER'S MAIDEN NAME <b>Carie Schriko</b>	14. NAME OF HUSBAND OR WIFE <b>Florence Nelson</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Florence Nelson</b>	ADDRESS <b>55 Lincord Dr St Louis, Mo</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Circulatory Failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>minutes</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Ruptured Cardiac Myocardial Infarction</b>		<b>minutes</b>
	DUE TO (c) <b>Sclerotic Cardiac Disease</b>		<b>3 yrs</b>
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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec 10, 1955, to Mar 24, 1956, that I last saw the deceased alive on Mar 24, 1956, and that death occurred at 5:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE <b>Emuel D. ...</b> (Degree or title) <b>DO</b>	23b. ADDRESS <b>Warsaw, Mo</b>	23c. DATE SIGNED <b>3/25/56</b>
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24a. BURIAL, CREMATION REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Mar 28, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Park Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St Louis Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Mar 26, 1956</b>	REGISTRAR'S SIGNATURE <b>Jas. A. Logan</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>John F. Gieser</b>	ADDRESS <b>Warsaw</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 3  
1956

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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

Signed..... *John H. Reser*

Licensed Embalmer No. *409*

P. O. Address .. *Warsaw*

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.