

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28905

FILED SEP 6 1956

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7613**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE \_\_\_\_\_ Mo. b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **3726 N. Florissant Ave.** e. STREET ADDRESS (If rural, give location) **26 3726 N. Florissant Ave.** **2269**

3. NAME OF DECEASED a. (First) **Rolla** b. (Middle) **Eugene** c. (Last) **Nelson** 4. DATE OF DEATH (Month) (Day) (Year) **Aug. 14, 1956**

5. SEX **M.** 6. COLOR OR RACE **W.** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **D.** 8. DATE OF BIRTH **Dec. 23, 1921** 9. AGE (In years last birthday) **34** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Switchman-Terr. R.R.** 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and State or Foreign Country) **Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **Jesse Nelson** 13b. MOTHER'S MAIDEN NAME **Nettie Woods** 14. NAME OF HUSBAND OR WIFE **Mrs. Iris Nelson**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) **Yes W.W.# 2** 16. SOCIAL SECURITY NO. **499-03-5667** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mr. Joseph Nelson, 1345 Grogan Place**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Massive atherosclerosis due to aspiration, following injuries suffered while shot in chest while gyp in hands of one Ronald [unclear] at 2400 No 9th St., about 11:50 pm., March 19, 1956**  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death  
INTERVAL BETWEEN ONSET AND DEATH **about 11:50 pm., March 19, 1956**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

21a. ACCIDENT OR HOMICIDE (Specify) **suicide** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Home** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **St. Louis Mo.**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **Mar 19 1956 11 p.m.** 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **E981x**

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 **1:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Joseph Nelson** (Signature of title) **Deputy** 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **8/15/56**

24a. FUNERAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Aug. 17, 1956** 24c. NAME OF CEMETERY OR CREMATORY **Lakewood Park Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis County, Mo.**

DATE REC'D BY LOCAL REG. **AUG 16 1956** REGISTRAR'S SIGNATURE **J. Paul Smith, M.D.** FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Arthur J. Donnell, 3840 Lindell Blvd.**

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

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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.....  


Licensed Embalmer No. 4699

P. O. Address 3840 ...

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.