

Health, Welfare, Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAR '11 1957

THE GREAT STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 2362

Registration District No. 362 Primary Registration District No. 4531 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY Warren				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrenton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Overland		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Katie Jane Home		Length of stay in 1b 1 year		d. STREET ADDRESS (If outside, give location) 2225 Hood Avenue		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Emil Valdmar Nielsen				4. DATE OF DEATH Feb. 17, 1957			
5. SEX Male		6. COLOR OR RACE White c		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 13, 1875	
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Construction	
11. BIRTHPLACE (City and state or country) Denmark		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Unknown			
14. MOTHER'S MAIDEN NAME Unknown				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Noo			
16. SOCIAL SECURITY NO. Unknown				17. INFORMANT Vernia A. Nielsen, 2225-Hood Ave.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Verdict of Coroner's Jury.						INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) Death due to fire at Katie Jane Home, about 2:35 P.M.	
DUE TO (c) Origin of fire undetermined.						9/67	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						40	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Burning of Katie Jane Home				
20c. TIME OF INJURY 2:30 p.m. 2/17/57							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Warrenton Home		20f. CITY, TOWN, OR LOCATION Warrenton		COUNTY 109 STATE MO	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Dr. F. H. Krugger, Coroner				22b. ADDRESS Warrenton, Mo		22c. DATE SIGNED 3-10-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2-22-1957	23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens		23d. LOCATION (City, town, or county) (State) Pagedale, Mo.		
24. FUNERAL DIRECTOR William Woodson Bros. Inc.				25. DATE RECD. BY LOCAL REG. 3-10-57		26. REGISTRAR'S SIGNATURE Floyd Logan	

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 J. Lialung*

Licensed Embalmer No. *384*

P. O. Address *Warrenton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(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.