

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041858

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10522**

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 31 1963

VS 300 Rev. 4/59	DATE AMENDED
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
BY AFFIDAVIT OF
SHOULD READ

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis		c. CITY OR TOWN St Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Louis Chronic Hosp.		d. STREET ADDRESS (If outside, give location) 5800 Arsenal	
3. NAME OF DECEASED (Type or print) First Middle Last FRANCIS NELSON		4. DATE OF DEATH Month Day Year Oct 18, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/14/1896
9. AGE (last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown	
11. BIRTHPLACE (City and state or country) Illinois		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William Nelson		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Margaret Nelson (Dec'd)		15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates) No	
16. INFORMANT NO. 37a		17. INFORMANT Address J.W. Nelson Pickneyville, Ill.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock subsequent to trauma and post-operative; Contributing causes- Coronary Sclerosis with Myocardial Ischemia, suffered following injuries sustained in fall at Chronic Hospital on 10-12-63. DUE TO (b) Accident DUE TO (c) Accident PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 904.7-45 PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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.) See Above	
20c. TIME OF INJURY Hour a.m. p.m. 10-12-63	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.) Hospital 13	20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Louis, Missouri
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 9:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Joseph M. Johnson Deputy</i>		22b. ADDRESS 1300 Clark	22c. DATE SIGNED 10-22-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Oct 23 1963	23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cem	23d. LOCATION (City, town, or county) (State) St Louis Co Mo.
24. FUNERAL DIRECTOR Thomas Kutis	25. DATE RECD. BY LOCAL REG. OCT 22 1963	26. REGISTRAR'S SIGNATURE <i>Paul Smith, M.D.</i>	

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 Eleanora Bonine

Licensed Embalmer No. 3403

P. O. Address 2906 Glens

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.