

FILED DEC 29 1944

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10807**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days
(Specify whether years, months or days) 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4118 North Newstead Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gentry Nelms

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Martha J. Nelms. 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased August 15, 1870.
(Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 2 If less than one day hr. min.

9. Birthplace Iron Mountain, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Pipe Fitter (Retired)

11. Industry or business _____

12. Name William Nelms.

13. Birthplace Iron Mountain, Missouri.
(City, town, or county) (State or foreign country)

14. Maiden name Cynthia Hale.

15. Birthplace Bonne Terre, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Martha J. Nelms.

(b) Address 4118 N. Newstead Avenue.

17. (a) Burial (b) Date thereof 12-20-1944.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles, La.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) DEC 1 (b) J. F. Bredbeck
(Date received at local registrar's office) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17th
year 1944 hour 5:50 minute P.M. M.

21. I hereby certify that I attended the deceased from 12/11/44
_____ 19____ to Dec. 17th 1944
Dec. 17th 1944
that I last saw him alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death generalized arteriosclerosis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy Cystic disease of lung, Pulm. tuberculosis & arteriosclerosis

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature E. W. Czibrowski (M. D. or other) 12/18/44
Address 1515 Lafayette Date signed _____

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

MOTHER FATHER

FEB 20 1949

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.....

working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No. 4366

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.