

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1099
Do not use this space.

1. PLACE OF DEATH FEB 12 1938
(a) County ST LOUIS Registration District No. 791 / 1003
(b) Township _____ Primary Registration District No. _____ Registered No. 955
(c) City ST LOUIS (d) Street No. Homer S. Phillips Hospital St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Beulah Edith Nettles 342
(a) Residence, No. 4360 St Fernand St. II
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 24 - 1902
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 10 30

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. General
9. Industry or business in which work was done, as saw mill, bank, etc. House work
10. Date deceased last worked at this occupation (month and year) 1 - 2 - 1938
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Meridian Miss.

FATHER
13. NAME John Nettles

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) A.L.A.

MOTHER
15. MAIDEN NAME Louise Jackson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Meridian Miss

17. INFORMANT (ADDRESS) 4300 St. Fernand

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Jan 26 1938

19. FUNERAL DIRECTOR (ADDRESS) C. M. Young

20. FILED 4400 Kennesaw

J. P. Brebeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/23/38 1938
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw h. _____ alive on _____ Death is said to have occurred on the date stated above, at 9:15 A.M.
The principal cause of death and related causes of importance were as follows:

Date of onset
Mitral Stenosis,
Chronic Endocarditis.
Other contributory causes of importance:
[Signature]

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____
(Signed) Joseph M. Deane
(Address) Deputy Coroner

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Clark Young, Licensed Embalmer No. 3371

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Clark Young

Licensed Embalmer No. 3371

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.)