

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. **20356**
Registrar's No. **5168**

Registration District No. **791**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Honor G. Phillips Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Abt 18 Mts.** (Specify whether
In this community **14 Yrs.** years, months or days)

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. **3515 Laeledo Avenue**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **20**
year **1941** hour **10** minute **00** P. M.

21. I hereby certify that I attended the deceased from **June 18**
19**41** to **June 20** 19**41**
that I last saw **her** alive on **June 20** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetic Coma** Duration _____

Due to **Diabetes**

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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)
(e) Means of injury _____

23. Signature **W. L. Brown** (M. D. or other) _____
Address **2316 Overbrook** Date signed _____

3. (a) PRINT FULL NAME **Garric Nelson**

3. (b) If veteran, name war **Nil** 3. (c) Social Security No. **Nil**

4. Sex **Female** 5. Color or race **Col.** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **George Nelson** 6. (c) Age of husband or wife if alive **42** years

7. Birth date of deceased **Jan. 11, 1902**
(Month) (Day) (Year)

8. AGE: Years **39** Months **5** Days **9** If less than one day _____ hr. _____ min.

9. Birthplace **Winona Mississippi**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Rellie Turner**

13. Birthplace **Alabama**
(City, town, or county) (State or foreign country)

14. Maiden name **Truly Jones**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Willie Turner**

(b) Address **3515 Laeledo Avenue**

17. (a) **Burial** (b) Date thereof **6/25/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park Cem.**

18. (a) Signature of funeral director **J. H. Green**

(b) Address **3517 Laeledo Avenue**

19. (a) **JUN 24 1941** (b) **J. H. Green**
(Date received for local registrar) (Registrar's signature)

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

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

R. H. Green

Licensed Embalmer No. *1173*

P. O. Address *3517 Soledad*

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.