

FILED NOV 19 1943 18

Registration District No. Primary Registration District No. **1003**

Registrar's No. **9013**

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
311a Sidney St
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 22 years
years, months or days)

3. (a) PRINT FULL NAME Nelson Dennis
 3. (b) If veteran, name war _____
 3. (c) Social Security No. 491-163545

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Annie Dennis 6. (c) Age of _____ years
 7. Birth date of deceased April 1883
(Month) (Day) (Year)

8. AGE: Years 59 Months 6 Days _____
If less than one day _____ min.

9. Birthplace So. Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation Trailer

11. Industry or business _____

MOTHER FATHER { 12. Name Rev. Nelson Dennis
 13. Birthplace So. Carolina
(City, town, or county) (State or foreign country)
 14. Maiden name Nancy
 15. Birthplace So. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Annie Dennis

(b) Address 311a Sidney

17. (a) Burial (b) Date thereof Nov. 2, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Harrison

(b) Address 2906 Langston Blvd

19. (a) OCT 29 1943 (b) J. F. Brown
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. Louisiana (b) County 17
 (c) City or town St. Louis 923
(If outside city or town limits, write "RURAL")
 (d) Street No. 311a Sidney
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26
 year 1943 hour 11 minute _____ M.
 21. I hereby certify that I attended the deceased from July 2, 1943 to Oct 23, 1943
 that I last saw him alive on Oct 23 and that death occurred on the date and hour stated above.

Immediate cause of death _____
 Due to Asma pneumonia of Stomache
 Due to embolism
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Asma pneumonia of Stomache
 Of operations _____
 Of autopsy _____

Duration _____
 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 Johnnie R. Alderson (D. or other)
 Address 2601 Duquesne Date signed Oct 26 43

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Clark Young
Licensed Embalmer No. 3371
P. O. Address St. James

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.