

**JAN 19 1943 18**

**1003**

Registration District No. ....

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:  
**Homer G Phillips Hospital 0**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... **18 days**  
(Specify whether years, months or days)  
In this community..... **3 years**

**2. USUAL RESIDENCE OF DECEASED:**

(a) State..... **Mo** (b) County.....  
(c) City or town..... **St Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1321a Whittier St**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... **0**

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

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

4. Sex **Male** 5. Color or race..... **2 race Negro** 6. (a) Single, widowed, married, divorced..... **Married**

6. (b) Name of husband or wife..... **Annie Nelson** 6. (c) Age of husband or wife if alive..... **47** years

7. Birth date of deceased..... **May 10 1875**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**67 7 28** hr. min.

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

10. Usual occupation..... **Farmer**

11. Industry or business.....

MOTHER FATHER { 12. Name..... **Jim Nelson**  
13. Birthplace..... **Unknown Unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name..... **Unknown Unknown**  
15. Birthplace..... **Unknown Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mary Brown**  
(b) Address..... **1327 Cole Street**

17. (a) (b) Date thereof..... **1-12-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Greenwood Cem**

18. (a) Signature of funeral director..... **Abert H Hoppe Und.**

(b) Address..... **4700 Washington Av.**

19. (a) **IAN** (b) **J. J. Bradeck**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month..... **January** day..... **8**  
year..... **1943** hour..... **12** minute..... **45** P.M.

21. I hereby certify that I attended the deceased from.....  
**December 22, 1942 to January 8, 1943;**  
that I last saw h. im. alive on..... **January 8, 1943;**  
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Ca of Stomach Unknown**  
(autopsy)

Due to.....  
Due to.....

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

PHYSICIAN  
Major findings:  
Of operations.....  
Of autopsy.....  
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..... **S. E. Smith** (M. D. or other)  
Address..... **2601 N. Whittier** Date signed **1-11-43**

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

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**