S. No. 2
M—2-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33380

Registration District No. 1818 | Primary Registration District No. 1003 | Registrar's No. 9468

1. PLACE OF DEATH:

(a) County ----

(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2632 Locust St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 2 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ---

(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2632 Locust St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME Bud Nevette

3. (b) If veteran, name war No

3. (c) Social Security No. Lost

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alberta

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Unavailable (Month) 1889 (Day) (Year)

8. AGE: Years Abt. 54 | Months | Days | If less than one day ..... hr. ..... min.

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

10. Usual occupation Laborer

11. Industry or business ---

FATHER
12. Name Unavailable
13. Birthplace Unavailable (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unavailable
15. Birthplace Unavailable (City, town, or county) 9 (State or foreign country)

16. (a) Informant Alberta Nevette
(b) Address 2632 Locust St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-28-43 (Month) (Day) (Year)
(c) Place: burial or cremation Potter's Field

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Ave.

19. (a) OCT 27 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23rd
year 1943 hour 12 minute 45 A. M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...;
that I last saw h... alive on ....., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Intestinal Obstruction — Duration
Due to Strangulated Left Inguinal Hernia
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M.D. or other)
Address 2308 Clay Ave. Date signed 10-25-43

(Licensed Embalmer's Statement on Reverse Side)

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

Thomas J. Gates, Registered Apprentice No.

working under my personal supervision.

Signed Thomas J. Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Ave.

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.