

FILED JUN 3 1944

318

1003

Registrar's No. 4889

Registration District No. _____

Primary Registration District No. _____

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 St. Marys Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair
(c) City or town E. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1731 Piggott Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME Brenda Joyce Nelson

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

4. Sex Fem 5. Color or Race Col 6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 29, 1944
(Month) (Day) (Year)

8. AGE: Years _____ Months 1 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace E. St. Louis Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name Cleave Nelson

13. Birthplace Boliver Tennessee
(State or foreign country)

14. Maiden name Mae Anna Rook

15. Birthplace Boliver Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mae Anna Nelson

(b) Address 1731 Piggott Avenue (E. St. Louis)

17. (a) Removal (b) Date thereof 5/27/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation E. St. Louis, Ill

18. (a) Signature of funeral director R. M. C. Green
(b) Address 3517 Laclede Avenue

19. (a) MAY 27 1944 J. P. Bredbeck
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1944 hour 4 minute _____ M.

21. I hereby certify that I attended the deceased from May 25, 1944, to May 26, 1944, that I last saw her alive on May 26, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Brain Tumor

Due to not known

Due to 56

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

Major findings: Of operations _____

Of autopsy _____

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 E. J. F. Warden (M. D. or other) M.D.

Address 980 N 2nd St Date signed 5/27/44

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.

Was Not Embalmed

Signed

[Handwritten Signature]

Licensed Embalmer No. *1173*

P. O. Address *3517 Lochside 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.