S. No. 2
M—5-43
v. 5-17-39
I X36671

2916

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 13 1946

State File No. 722

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1194

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether

In this community 20 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 2811 Walnut St
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Idell Nelson

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female 3

5. Color or race Cae

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Oct (Month) 31st (Day) 1889 (Year)

8. AGE:

Years	Months	Days	If less than one day
56	2	29	hr. min.

9. Birthplace Eureka Springs (City, town, or county) Miss 1 (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name John Williams
13. Birthplace Unk (City, town, or county) Miss 1 (State or foreign country)

MOTHER
14. Maiden name Henrietta Chanclor
15. Birthplace Unk (City, town, or county) Miss 1 (State or foreign country)

16. (a) Informant Clute Nelson
(b) Address 2811 Walnut St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-46 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J H Randle & Son
(b) Address 3133 Bell Ave

19. (a) FEB 4 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30
year 1946 hour 9 minute 15 P M.

21. I hereby certify that I attended the deceased from 1-24, 1946, to 1-30, 1946
that I last saw her alive on Jan 30, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Cardiovascular Disease with failure	Unk
Due to	
Due to	
Other conditions Nephrosclerosis with Uremia (Include pregnancy within 3 months of death)	Unk

Major findings:
Of operations
Of autopsy No.

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 C. J. Cryer (M. D. or other)
Address 2601 N Whittier Date signed 1/31/46

(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.....

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

Signed G. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

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.