V. S. No. 300
50M—10-47
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10523

FILED APR 7 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3094

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 12 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DEACEASED:

(a) State Missouri (b) County

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

(d) Street No. 2908 Madison
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Henry Nelson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Col

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Dec. (Month) 25 (Day) 1881 (Year)

8. AGE: Years 66 Months 2 Days 23 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER

12. Name Richard Nelson

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Sarah Cough

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

16. (a) Informant Elizabeth Rhodes

(b) Address 2601 N Whittier

17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof MAR 31 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Anatomical Board

18. (a) Signature of funeral director Rowland Mortuary Service

(b) Address 4104 Manchester Ave.

19. (a) MAR 31 1948 (Date received local registrar) (b) J. F. Bruck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1943 hour 5 minute 45 a M.

21. I hereby certify that I attended the deceased from March 6, 1948 to March 18, 1948 that I last saw him alive on March 18, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Thrombosis; Hypertensive Heart Disease with Decompensation	Undet.
Due to	
Due to	

Other conditions (Include pregnancy within 3 months of death) Chronic Glomerulonephritis

Major findings: Latent Lues; Uremia

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 Oscar J. Daniels (M. D. or other)

Address 2601 N Whittier Date signed 3/22/48

(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.....

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.