

No. 300
1-10-47
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **14500**
Registrar's No. **3502**

FILED APR 23 1948

318

Primary Registration District No. **1003**

Registration District No.

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

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 **26 hours** (Specify whether
In this community **16** years, months or days)

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

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

4. Sex **Female** 5. Color or race **C** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Guy Nelson** 6. (c) Age of husband or wife if alive **36** years

7. Birth date of deceased **Aug. 2 1918**
(Month) (Day) (Year)

8. AGE: Years **29** Months **8** Days **7** If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Unavailable**

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

14. Maiden name **Charlotte Alfred**

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

16. (a) Informant **Willie Lee Gray**

(b) Address **3910 Fairfax Ave.**

17. (a) **Burial** (b) Date thereof **4-15-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **Chas. J. Gates**

(b) Address **410 1/2 Finney Ave.**

19. (a) **APR 12 1948** (b) **J. F. Brodeur**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")
(d) Street No. **3910 & Fairfax** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **9**
year **1948** hour **5** minute **20** p. M.

21. I hereby certify that I attended the deceased from **April 8** 19 **48** to **April 9** 19 **48**

that I last saw h. er alive on **April 9** 19 **48** and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia** Duration **Undet.**

Due to

Due to

Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy **Yes**

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?

While at work (Specify type of place) Means of injury

23. Signature **Geo. L. Davis** (M. D. or other)

Address **2601 N Whittier** Date signed **4/13/48**

MAY 21 1948

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.....

John K. Cunningham

Registered Apprentice No.....

working under my personal supervision.

Signed.....

John K. Cunningham

Licensed Embalmer No. 4476

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.