

No. 303
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 28 1948
Registration District No. **318**

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. **1003**

State File No. **27680**
7291
Registrar's No.

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

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:
821 S. 18th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 26yrs
years, months or days)

3: (a) PRINT FULL NAME Nelson Fears

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 Married
6. (b) Name of husband or wife Pearl Fears 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Sept. 22 1892
(Month) (Day) (Year)

8. AGE: 55 Years 10 Months 28 Days
If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Jacob Fears

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

14. Maiden name Ellen Fears

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

16. (a) Informant Pearl Fears

(b) Address 821 So. 18th St.

17. (a) Burial (b) Date thereof 8-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington PARK

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St.

19. (a) AUG 19 1948 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 821 So. 18th St.
22 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17
year 1948 hour 2:30P minute _____ M.
21. I hereby certify that I attended the deceased from Aug 12-17
1948 to Aug 17 1948 1948;
that I last saw him alive on 8/17/48 and that death occurred on the date and hour stated above.

Immediate cause of death Pericarditis & Ulceration of stomach Duration _____
Due to Rheumatism - chr

Due to _____
Other conditions (Include pregnancy within 3 months of death) 177

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. F. Bradeck (M. D. or other) _____
Address 2350 Harrison Ave Date signed 8/19/48

A

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 Fulton E Culkin

Licensed Embalmer No. 7198

P. O. Address Adams 13. Md

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.