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FILED DEC 8 1948

318

Primary Registration District No. **1003**

Registrar's No. **10356**

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:  
Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 days  
(Specify whether years, months or days)

3: (a) PRINT FULL NAME Gracie Nelson

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife If alive \_\_\_\_\_ years  
7. Birth date of deceased MAR. 15 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 8 9 hr. min.

9. Birthplace Holly Grove Ark. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name J. T. Gross  
13. Birthplace Ark. 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Wilson  
15. Birthplace Holly Grove Ark. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant GENEVA WILLIAMSON

(b) Address 3315 LA SALLE

17. (a) BURIAL (b) Date thereof Nov. 30, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Ch. English Und. Co.

18. (a) Signature of funeral director English Und. Co.

(b) Address 2951 LUCAS AVE

19. (a) NOV 29 1948 (b) J. B. Lasater  
(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. 3315 LaSalle  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24  
year 1948 hour 11 minute 15 a. M.

21. I hereby certify that I attended the deceased from Nov. 15, 1948, to Nov. 24, 1948  
that I last saw her alive on Nov. 24, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis; Duration  
Probable Carcinoma of the Lung Undet.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

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? \_\_\_\_\_

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

23. Signature Oscar L. Daniels (M. D. or other) \_\_\_\_\_  
Address 2601 N Whittier Date signed 11/26/48

**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 Bullison English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas, Wv

**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.**