

FILED JAN 19 1949

STANDARD CERTIFICATE OF DEATH

State File No. 3208

BIRTH NO. _____ REG. DIST. No. 318 PRIMARY REG. DIST. 1003 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY <u>St. Louis, Missouri</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2730 Mills St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nellie S</u> b. (Middle) _____ c. (Last) <u>Stallinger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 2 49</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>Dec 10, 1890</u>		9. AGE (In years last birthday) <u>58</u>		10. IF UNDER 1 YEAR Days <u>9</u> IF UNDER 24 HRS. Hours <u>7</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Chester, Ill</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>Albert Barber</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Dead</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth Jackson</u> ADDRESS <u>2730 Mills St.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Decompensation Hypertensive Heart Disease with marked</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Undetermined</u>			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Ulcer of lower Extremities</u>			<u>Undet.</u>

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Illness</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from Dec. 29, 1948, to Jan. 2, 1949, that I last saw the deceased alive on Jan. 2, 1949, and that death occurred at 1:25 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Oscar L. Daniels M.D.</u> (Degree or title)		23b. ADDRESS <u>2601 N Whittier St</u>		23c. DATE SIGNED <u>1/5/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/6/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo</u>			
DATE REC'D BY LOCAL REG. <u>JAN 5 1949</u>		REGISTRAR'S SIGNATURE <u>Job Passter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C.W. Roberts</u> ADDRESS <u>1416 N. Taylor Ave</u>	

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

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 _____

James Carter

Student Embalmer No. *290*

working under my personal supervision.

Student
Student Embalmer

Signed *Annie Roberts*

Licensed Embalmer No. *4439*

P. O. Address *1416 N. Taylor*

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.