

FILED APR 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10467

Registrar's No. 2481

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|---|--|---|--|---|--|---|------------------------------------|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>318</u> | | PRIMARY REG. DIST. NO. <u>1003</u> | | State File No. <u>10467</u> | | Registrar's No. <u>2481</u> | |
| 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. LENGTH OF STAY (In this place) <u>0</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>3001 Vinegrove</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Willie</u> | | b. (Middle) <u>Hase</u> | | c. (Last) <u>Nalls</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 16 1949</u> | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>Col</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>December 31 1915</u> | | 9. AGE (In years last birthday) <u>33</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lumber Checker</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber</u> | | 11. BIRTHPLACE (State or foreign country) <u>Pickens Ala</u> | | | 12. CITIZEN OF WHAT COUNTRY? | | |
| 13a. FATHER'S NAME <u>Arthur Nalls</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Blanche Haynes</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Dead</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Ym. no. or unknown) _____ | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Blanche Stinson 3110 Lambdin</u> | | | | | |
| 18. CAUSE OF DEATH/ Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>1. Ruptured spleen. 2. Diaphragmatic hernia. 3. Pulmonary congestion suffered DUE TO (b) about 1:45 A.M., March 7, 1949 in collision of bus driven by Dunklin DUE TO (c) Finch, and Buick Sedan driven by Theodore Bean at Bond and 42nd Street, E. St. Louis, Illinois. CAUSE AND MANNER OF SAME COULD NOT BE DETERMINED. OPEN VERDICT.</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4. 6. 26</u> | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>136</u> | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Dress or title) <u>J. B. Foster</u> | | | | 23b. ADDRESS <u>1300 Clair</u> | | | 23c. DATE SIGNED <u>3/19/49</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>3-19-49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Pickensville, Alabama</u> | | 24d. LOCATION (City, town, or county) (State) <u>Pickensville, Alabama</u> | | | |
| DATE REC'D BY LOCAL REG. <u>MAR 18 1949</u> | | REGISTRAR'S SIGNATURE <u>J. B. Foster</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Herman J. Smith 4247 W. Leboeuf Ave</u> | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

James

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.....
..... Student Embalmer No.
working under my personal supervision.

Signed.....
Student Embalmer

Signed..... *Lawrence E. Gordon*
Licensed Embalmer No. *4341*
P. O. Address *Ma*

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.