

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 10470
2145

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY <i>Miss</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		17 9			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>4160 West Belle Avenue</i>				d. STREET ADDRESS (If rural, give location) <i>4316a Cook Avenue</i>				0	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Angelica</i>			b. (Middle) <i>Pearl</i>		c. (Last) <i>Nelson</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>3/5/49</i>		
5. SEX <i>Female</i>		6. COLOR OR RACE <i>Negro</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>		8. DATE OF BIRTH <i>1/1/84</i>		9. AGE (In years last birthday) <i>65</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <i>St. Louis, Missouri</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13a. FATHER'S NAME <i>Wm. T. Dixon</i>			13b. MOTHER'S MAIDEN NAME <i>Ruth Ann Patterson</i>		14. NAME OF HUSBAND OR WIFE <i>Edward Nelson</i>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Edw. Nelson Jr.</i>				ADDRESS <i>4316a Cook Ave.</i>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pulmonary Edema (Coronary)</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Atherosclerosis of Arteries</i> DUE TO (c) <i>938</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Chronic Bronchial Asthma</i>				INTERVAL BETWEEN ONSET AND DEATH <i>Last attack 2 wks.</i>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <i>H200</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	
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 <i>3-5</i> , 1949, to <i>3-5</i> , 1949, that I last saw the deceased alive on <i>3-5</i> , 1949, and that death occurred at <i>5 P.M.</i> , from the causes and on the date stated above.									
23a. SIGNATURE <i>Charles Westes M. D.</i>				(Degree or title) <i>U</i>		23b. ADDRESS <i>2337 Market St. St. Louis</i>		23c. DATE SIGNED <i>3-7-49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>3/9/1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Wash Park Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>			
DATE REC'D BY LOCAL REG. <i>MAR 8 1949</i>		REGISTRAR'S SIGNATURE <i>J. B. Foster</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Chas. I. Gates</i>		ADDRESS <i>4107 Finney Avenue</i>			

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Paul Freeman

Student Embalmer No. *276*

working under my personal supervision.

Signed *Paul Freeman*.....
Student Embalmer

Signed *John R. Cunningham*

Licensed Embalmer No. *476*

P. O. Address *4107 Junney 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.