

FILED SEP 6 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

Filed

28908

State File No.

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>46276</u>		Registrar's No. <u>2016</u>	
1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>ST. LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>So. Kinloch</u>		c. LENGTH OF STAY (in this place) <u>22 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>So. Kinloch</u>		90	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CARSON Rd 1/2 Bl. of Booker</u>				d. STREET ADDRESS # <u>5 Denham Ave</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Willie Mae</u>		b. (Middle) _____		c. (Last) <u>Nelson</u>		4. DATE OF DEATH (Month) <u>8</u> (Day) <u>18</u> (Year) <u>1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>6-24-1902</u>	
9. AGE (In years last birthday) <u>47</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>ST. Louis Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>		13a. FATHER'S NAME <u>Auto Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Melina Farmer</u>		14. NAME OF HUSBAND OR WIFE <u>Evans Y. Nelson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Evans Y. Nelson</u> ADDRESS <u>So. Kinloch</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of uterus</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>1744</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Min)		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 <u>July 1, 1949</u> , to <u>August 18, 1949</u> , that I last saw the deceased alive on <u>Aug. 18, 1949</u> , and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. I. Brooks, M.D.</u> (Degree or title) <u>D</u>				23b. ADDRESS <u>2746 Franklin St. St. Louis Mo</u>		23c. DATE SIGNED <u>8/20/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-22-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Pk. Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. Louis City Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-22-49</u>		REGISTRAR'S SIGNATURE <u>Heckert R. Lamb</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Boyd Bros Funeral Home</u> ADDRESS <u>So Kinloch</u>			

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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.

Student _____
Student Embalmer

Signed Edward E. Flynn

Licensed Embalmer No. 4444

P. O. Address 45-48 E. 9th

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.

Ln 7664