No. 300
10.48

FILED SEP 24 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 31715

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7981

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer G Phillips Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 000
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 127 So. Compton

**3. NAME OF DECEASED** (Type or Print)
a. (First): Nettie
b. (Middle): Mae
c. (Last): Douglas

**4. DATE OF DEATH** (Month) (Day) (Year): Sept. 11, 1949

**5. SEX**: Female
**6. COLOR OR RACE**: Negro
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: June 15, 1910
**9. AGE** (In years last birthday): 39
IF UNDER 1 YEAR: Months: 2 Days: 27
IF UNDER 24 HRS.: Hours: Min.:

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**: at Home
**11. BIRTHPLACE** (State or foreign country): Helena Ark.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Isom Morris
**13b. MOTHER'S MAIDEN NAME**: Agnes Williams
**14. NAME OF HUSBAND OR WIFE**: Fuel Douglas

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown)
(If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**
**17. INFORMANT'S SIGNATURE OR NAME**: Pauline Jenkins
ADDRESS: 127 So. Compton

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Right Pneumothorax
INTERVAL BETWEEN ONSET AND DEATH: Undet.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Atelectasis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*: Malnutrition

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☒

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 9-10, 19 49, *to* 9-11, 19 49, *that I last saw the deceased alive on* 9-11, 19 49, *and that death occurred at* 8:10 a.m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: Paul J. Hedrick (Degree or title): M. D.
**23b. ADDRESS**: 2601 N Whittier St
**23c. DATE SIGNED**: 9-12-49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 9-15-49
**24c. NAME OF CEMETERY OR CREMATORY**: Washington Park
**24d. LOCATION** (City, town, or county) (State): St. Louis Mo.

DATE REC'D BY LOCAL REG.: SEP 15 1949
REGISTRAR'S SIGNATURE: J B Lasater
**25. FUNERAL DIRECTOR'S SIGNATURE**: Atkins Bros.
ADDRESS: 3644 Finney

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 10 1959

## 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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

**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.**