

STANDARD CERTIFICATE OF DEATH

State File No. **32046**
7775

FILED SEP 20 1949

BIRTH NO. **45 452-49** REG. DIST. NO. **010** PRIMARY REG. DIST. NO. **1000** Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY 010		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer Phillips D		2. STREET ADDRESS (If rural, give location) 1123 N. 21st St.	
3. NAME OF DECEASED (Type or Print) a. (First) Alfreda b. (Middle) _____ c. (Last) Nelson		4. DATE OF DEATH (Month) (Day) (Year) Sept 5-1949	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) ///	8. DATE OF BIRTH July 15, 1949
9. AGE (In years last birthday) Months Days 1 20		10. BIRTHPLACE (State or foreign country) St. Louis, Mo	
10a. USUAL OCCUPATION (Give kind of work, dependant on working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Chester Nelson		13b. MOTHER'S MAIDEN NAME Ruth Winston	14. NAME OF HUSBAND OR WIFE
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 ADDRESS Ruth Winston 1123 N 21st St	
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, embolism, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchitis Pneumonia ANTECEDENT CAUSES Patent Foramen Ovale Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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) 15th MO	
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? 7543	
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 12:55 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Alfred Henry Peterson		23b. ADDRESS 1300 Clark	23c. DATE SIGNED 9/17/49
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9/8-49	24c. NAME OF CEMETERY OR CREMATORY Washington Pk	24d. LOCATION (City, town, or county) (State) St. Louis MO
DATE REC'D BY LOCAL REG. SEP 8 1949		REGISTRAR'S SIGNATURE J. B. Pasater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS English Und. Co 2931 Lucas

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 *Burleson English* _____

Licensed Embalmer No. *4208* _____

P. O. Address *2931 Susan 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.