

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42286**  
**10525**  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____ <b>5800 Arsenal St.</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>000</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place) <b>8M. 21 D.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		N
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Infirmary</b>			d. STREET ADDRESS (If rural, give location) <b>19- 233 N. Vandeventer Ave.</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>Nettie</b> b. (Middle) _____ c. (Last) <b>Black</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 6, 1949</b>		
5. SEX <b>F.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <b>W.</b>	8. DATE OF BIRTH <b>April 21, 1861</b>	9. AGE (In years last birthday) <b>88</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>15</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>N.Y.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>

13a. FATHER'S NAME <b>Wm. Adam</b>	13b. MOTHER'S MAIDEN NAME <b>Nettie Schuyler</b>	14. NAME OF HUSBAND OR WIFE <b>Mr. Arastus Black</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Floyd Black, 233 N. Vandeventer Ave.</b>	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>12/1/49</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b>		
	ANTECEDENT CAUSES Morbid 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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>St. Louis</b> (STATE) <b>Mo.</b>
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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 <b>Hit by car</b>
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22. I hereby certify that I attended the deceased from **8-15**, 19**49**, to **Dec 6**, 19**49**, that I last saw the deceased alive on **Dec. 6**, 19**49**, and that death occurred at **4:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Thomas Ohmolt M.D.</b>	23b. ADDRESS <b>5800 Arsenal</b>	23c. DATE SIGNED <b>12/6/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Dec. 8, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Morrisonville Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Morrisonville, Ill.</b>
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DATE REC'D BY LOCAL REG. <b>DEC 7 1949</b>	REGISTRAR'S SIGNATURE <b>J. B. Basater</b>	HEALTH DIRECTOR'S SIGNATURE <b>Arthur J. Donnelly</b>	ADDRESS <b>3840 Lindell Blvd.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

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 W.H. VanMatre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.