

FILED JUL 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **25109**
6058

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 <i>mo</i> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <i>St Louis</i>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <i>St Louis</i>		2259	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Homer G Phillips Hospital</i>				d. STREET ADDRESS (If rural, give location) <i>104 N. 17th</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Charles</i>			b. (Middle) _____		c. (Last) <i>Nevels</i>		4. DATE OF DEATH (Month) <i>July</i> (Day) <i>10</i> (Year) <i>1950</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>June 21 1892</i>		9. AGE (In years last birthday) <i>58</i>	IF UNDER 1 YEAR Months <i>1</i> Days <i>9</i>	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <i>Miss.</i>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <i>Unk.</i>		13b. MOTHER'S MAIDEN NAME <i>Unk.</i>		14. NAME OF HUSBAND OR WIFE <i>Widowed</i>			
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 <i>Josephine York</i> ADDRESS <i>3443 Soledad</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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Dissecting Aneurysm of Aorta</i>					INTERVAL BETWEEN ONSET AND DEATH <i>Undet.</i>	
	ANTECEDENT CAUSES DUE TO (b) <i>Luetic Heart Disease</i>					" "	
	DUE TO (c) <i>Undetermined</i>						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>None</i>						
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? <i>023X</i>			
22. I hereby certify that I attended the deceased from <i>7-8</i> , 1950, to <i>7-10</i> , 1950, that I last saw the deceased alive on <i>7-10</i> , 1950, and that death occurred at <i>2:30 a.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Alvin J. Thompson</i>			23b. ADDRESS <i>2601 N Whittier St</i>		23c. DATE SIGNED <i>7-11-50</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24b. DATE <i>7-15-50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>		24d. LOCATION (City, town, or county) (State) <i>St Louis Co mo</i>		
DATE REC'D BY LOCAL REG. <i>JUL 14 1950</i>		REGISTRAR'S SIGNATURE <i>J. B. Sabater</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>English Und. Co.</i> ADDRESS <i>2931 Duane</i>			

(Licensed Embalmer's Statement (See 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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Burleson English

Signed.....

Student Embalmer

Licensed Embalmer No. *4208*

P. O. Address *2931 Lucas 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.