

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6482

FILED FEB 16 1951

State File No.

318

1003

Registrar's No. 1009

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1009	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 50 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2229	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				d. STREET ADDRESS (If rural, give location) 22 2638 A Bernard St.			
3. NAME OF DECEASED (Type or Print) a. (First) MARIE b. (Middle) LUCAS c. (Last) NELSON			4. DATE OF DEATH (Month) (Day) (Year) Jan. 29 1951				
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 6/5/1900	
9. AGE (In years last birthday) 50		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maid		10b. KIND OF BUSINESS OR INDUSTRY Private Homes		11. BIRTHPLACE (State or foreign country) Missouri, Portland	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Cass Lucas		13b. MOTHER'S MAIDEN NAME Lillie Gay		14. NAME OF HUSBAND OR WIFE John Nelson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488-10-6204		17. INFORMANT'S SIGNATURE OR NAME John Nelson		ADDRESS 2638 A Bernard St. Louis	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of Liver ANTECEDENT CAUSES DUE TO (b) Undetermined DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				INTERVAL BETWEEN ONSET AND DEATH Undet.	
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) 5810			
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 1-15, 19 51, to 1-29, 1951, that I last saw the deceased alive on 1-29, 19 51, and that death occurred at 2:10p. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) L. Harris M. D.				23b. ADDRESS 2601 N Whittier St.		23c. DATE SIGNED 1-31-51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 2/3/51		24c. NAME OF CEMETERY OR CREMATORY Father Nelson		24d. LOCATION (City, town, or county) (State) St. Louis Co. near Webster Mo	
DATE REC'D BY LOCAL REG. JAN 31 1951		REGISTRAR'S SIGNATURE J B Laster		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS B W Brule 4469 Washington			

(Licensed Embalmer's Statement on 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 _____

..... Student Embalmer No.

working under my personal supervision.

Signed *J. P. Stark*

Signed
Student Embalmer

Licensed Embalmer No. *4599*

P. O. Address *St. Louis*

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.