

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6484**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1186**

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 11 1823 Coleman Street	
3. NAME OF DECEASED (Type or Print) a. (First) Joe b. (Middle) Netter c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Feb. 3 1951
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 4/16/1898
9. AGE (In years last birthday) 52		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance	11. BIRTHPLACE (State of foreign country) Vicksburg, Mississippi
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME John Netter	
13b. MOTHER'S MAIDEN NAME Geneva Whiting		14. NAME OF HUSBAND OR WIFE Ida Netter	
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. 427167642	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ida Netter, 1823 Coleman Avenue			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		DUPLICATE		Undet.
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Heart Disease		
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H H 3 X

22. I hereby certify that I attended the deceased from **1-27**, 19 **51**, to **2-3**, 19 **51**, that I last saw the deceased alive on **2-3**, 19 **51**, and that death occurred at **8:45pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Drew W. Harris, M.D.	23b. ADDRESS 2601 N Whittier St.	23c. DATE SIGNED 2-5-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/9/51	24c. NAME OF CEMETERY OR CREMATORY Washington Park
DATE REC'D BY LOCAL REG. FEB 6 1951		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
25. FUNERAL DIRECTOR'S SIGNATURE GATES FUNERAL HOME		ADDRESS Charles J. Gates, 4107 Finney Ave.

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.

Student
Student Embalmer

Signed *Frank H. [Signature]*

Licensed Embalmer No. ~~4107~~ *4159*

P. O. Address *4107 Finney Avenue*

[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.