S. No. 300
V. 10-48

FILED JUL 23 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26771

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1877

1. PLACE OF DEATH
a. COUNTY: St. Louis 1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kinloch Park
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Denham & Booker Sts.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 4091
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 9 Kinloch Park 0
d. STREET ADDRESS (If rural, give location): Denham & Booker Sts

3. NAME OF DECEASED (Type or Print)
a. (First): Evans
b. (Middle): L.
c. (Last): Nelson

4. DATE OF DEATH (Month) (Day) (Year): 7/4/52

5. SEX: Male 2
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower 2
8. DATE OF BIRTH: About 1906, Mo. & Day Unknown 45
9. AGE (In years last birthday): If under 1 year: Months / Days; If under 1 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired-disabled
10b. KIND OF BUSINESS OR INDUSTRY: Glass Factory
11. BIRTHPLACE (State or foreign country): Nashville., Tennessee 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Jesse Nelson
13b. MOTHER'S MAIDEN NAME: Frances Mosely
14. NAME OF HUSBAND OR WIFE: Willie Mae

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Phelma Nelson, 921 Carson Rd. Kinloc

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) unknown natural causes — INTERVAL BETWEEN ONSET AND DEATH: unk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 7955
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 ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

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 _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Herbert R. Domke 8 — Herbert R. Domke, M. D. Local Registrar
23b. ADDRESS: 651 S. Brentwood, Clayton
23c. DATE SIGNED: 7-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/11/52
24c. NAME OF CEMETERY OR CREMATORY: National Cemetery
24d. LOCATION (City, town, or county) (State): Jefferson Barracks, Mo.

DATE REC'D BY LOCAL REG.: 7-9-52
REGISTRAR'S SIGNATURE: Herbert R. Domke MD SW
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Chas. J. Gates, 4107 Finney Avenue

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4259

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.