

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37463

State File No. _____
REGISTRAR'S No. **9604**

FILED OCT 23 1953

318

PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN St Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION EN ROUTE HOMER G PHIPPS		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) Alex		b. (Middle) Nelson	c. (Last) Nelson
4. DATE OF DEATH (Month) (Day) (Year) Oct 4 1953		5. SEX MALE	
6. COLOR OR RACE Colord		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	
8. DATE OF BIRTH OCT 24 1895		9. AGE (In years last birthday) 57	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) St Louis MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Nelson		13b. MOTHER'S MAIDEN NAME Gennie Houston	
14. NAME OF HUSBAND OR WIFE Mona		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 David Nelson ADDRESS 3951 Aldine	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) Myocardial Infarction		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 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) 420.1	
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?		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 6:50 A.M. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Catrick L Taylor Coroner		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 10.7.53		24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
24b. DATE 10-8-53		24c. NAME OF CEMETERY OR CREMATORY Cephalic	
24d. LOCATION (City, town, or county) (State) Lema, MO.		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE A.H. Burkes		ADDRESS	

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.....
Signature of Student Embalmer

Signed..... *J. S. Yandell*

Licensed Embalmer No. *424*

P. O. Address *Webster*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.