

FILED DEC 2 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH38678  
State File No. 10093

318

1003

Registrar's No. 10093

|   |  |   |   |  |  |  |  |
|---|--|---|---|--|--|--|--|
| BIRTH NO.   |  | REG. DIST. NO.  |   | PRIMARY REG. DIST. NO.   |  | Registrar's No.  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>S</u>   |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St. Louis</u>   |  |   | c. LENGTH OF STAY (in this place) <u>3wks</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>East St. Louis</u> |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Infirmary</u>   |  |   |   | d. STREET ADDRESS (If rural, give location) <u>1632 St. Louis Avenue</u>   |  |  |  |
| 3. NAME OF DECEASED (Type or Print)   |  | a. (First) <u>ELBERT</u>  |   | b. (Middle) <u>J.</u>  |  | c. (Last) <u>NELSON</u>  |  |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 12, 1955</u>  |  | 5. SEX <u>Male</u>  |   | 6. COLOR OR RACE <u>Negro</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>            |  |
| 8. DATE OF BIRTH <u>Aug. 27, 1899</u>   |  | 9. AGE (In years last birthday) <u>56</u>   |   | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>                                    |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Unemployed</u>                              |  |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Starkville, Miss.</u>   |  |   |   | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>  |  |  |  |
| 13a. FATHER'S NAME <u>Aaron Nelson</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Ann (Unknown)</u>  |   | 14. NAME OF HUSBAND OR WIFE <u>Blanche Nelson</u>  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>   |  | 16. SOCIAL SECURITY NO. <u>Unknown</u>  |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Blanche Nelson, 1632 St. Louis Ave. E. St. Louis, Ill.</u>                                      |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Addison's Disease</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Tuberculosis of adrenals</u><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Tuberculosis of lungs - recent</u> |   |  |  |  |  |
| 18a. DATE OF OPERATION  |  | 18b. 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)  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 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 <u>Oct 1, 1955</u> , to <u>Nov 12, 1955</u> , that I last saw the deceased alive on <u>Nov 19, 1955</u> , and that death occurred at <u>5P</u> m., from the causes and on the date stated above. |  |   |   |  |  |  |  |
| 23a. SIGNATURE (Degree or title) <u>Walter J. Young, M.D.</u>   |  |   |   | 23b. ADDRESS <u>2337 Market</u>  |  | 23c. DATE SIGNED <u>11/18/55</u>   |  |
| 24a. BURIAL OR CREMATION (Specify)  |  | 24b. DATE <u>Nov 23, 1955</u>   |   | 24c. NAME OF CEMETERY OR CREMATORY <u>Douglas Cemetery</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>Washington Park, Ill.</u>       |  |
| DATE REC'D BY LOCAL REG. <u>NOV 19 1955</u>   |  | REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Marion's Office 2114 Mo. Ave. East St. Louis, Ill.</u>   |  |  |  |

(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.

Student .....

Student Embalmer

Signed

*Bert H. Baldwin*

Licensed Embalmer No. 2420

P. O. Address 721 N 26th St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.