

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034538

STATE FILE NUMBER 8511

FILED SEP 22 1958

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

300
1-57

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
3. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 25 St. Louis City Hospital #1		Length of stay in 1b 218 9	d. STREET ADDRESS (If outside, give location) 3126 Caroline St.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Eva Middle Mae Last Nelson			4. DATE OF DEATH Month 9 Day 2 Year 58		
5. SEX Female³	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-27-1934		9. AGE (In years on birthday) 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Kitchen Help		10b. KIND OF BUSINESS OR INDUSTRY Boatman Coffee Shop		11. BIRTHPLACE (City and state or country) Coolwater, Miss.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Robert H. Wilkins		13b. MOTHER'S MAIDEN NAME Lacinda Harris	
14. NAME OF HUSBAND OR WIFE Arthur 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. unknown	
17. INFORMANT Lacinda Wilkins		Address 3126 Caroline St.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure DUE TO (b) Bacterial endocarditis DUE TO (c) Septal defect PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. INTERVAL BETWEEN ONSET AND DEATH		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Memphis,		COUNTY Tenn.		STATE	
21. I attended the deceased from Death occurred at 8/29/58 12:30 a. to 9/2/58 and last saw her/him alive on 9/2/58		22a. SIGNATURE <i>[Signature]</i> (Degree or title) MD		22b. ADDRESS 1515 Lafayette	
22c. DATE SIGNED 9/2/58		23a. BURIAL, CREMATION, REMOVAL (Specify) Shipping		23b. DATE 5 Sep 1958	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) Memphis,		(State) Tenn.	
24. FUNERAL DIRECTOR Atkins Pros.		ADDRESS 3644 Finney Ave.		25. DATE RECD. BY LOCAL REG. SEP 3 '58	
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		27. (Licensed Embalmer's Statement on Reverse Side)		28. (Licensed Embalmer's Statement on Reverse Side)	

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *John K. Cunningham*

Licensed Embalmer No. 4476
P. O. Address 2405 Marcus Ave.

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.