

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 28 1960

318

Primary Registration District No. 1003

Registrar's No. 11130

60-044008

STATE FILE NUMBER

| | | | | | | | |
|--|---|---|--|---|--|--|--|
| 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 | | Length of stay in 1b | | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips | | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 2827 Cass Ave. | | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Joseph Middle Nelson Last Nelson | | | | 4. DATE OF DEATH Month 11 Day 17 Year 60 | | | |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH Jan 1, 1881 | 9. AGE (last birthday) 79 | IF UNDER 1 YEAR Months | IF UNDER 24 HR Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor | | 10b. KIND OF BUSINESS OR INDUSTRY None | | 11. BIRTHPLACE (City and state or country) Washington Co Georgia | | 12. CITIZEN OF WHAT COUNTRY U. S. A | |
| 13a. FATHER'S NAME Frank Nelson | | 13b. MOTHER'S MAIDEN NAME Unkown | | 14. NAME OF HUSBAND OR WIFE Lula Nelson | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 489-12-0602-A | | 17. INFORMANT Lula Nelson 2827 Cass | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia DUE TO (b) Chronic Pyelonephritis DUE TO (c) 600.0 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | INTERVAL BETWEEN ONSET AND DEATH Undet. Undet. | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Probable Cerebella Lesion | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 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 11:05 a.m. p.m. Month, Day, Year 10-24-60 | | 20d. INJURY OCCURRED WHILE AT WORK <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 COUNTY STATE | |
| 21. I attended the deceased from 10-24-60 to 11-17-60 and last saw him alive on 11-17-60 Death occurred at 11:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE A. White MD (Degree or title) | | | 22b. ADDRESS 2601 N. Whittier St. | | | 22c. DATE SIGNED 11-18-60 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE 11/21/60 | 23c. NAME OF CEMETERY OR CREMATORY Washington Park | | 23d. LOCATION (City, town, or county) (State) 5500 Brown Rd Berkely Mo | | | |
| 24. FUNERAL DIRECTOR Whitney Funeral Home 3882 Delmar | | | 25. DATE RECD. BY LOCAL REG. NOV 18 1960 | | 26. REGISTRAR'S SIGNATURE Good Smith, M.D. | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

J. A. Green

Licensed Embalmer No. 2963

P. O. Address 4214 Sehn

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.