MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-020794

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4508

FILED MAY 23 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF — DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Jewish Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois — b. COUNTY: St. Clair
c. CITY OR TOWN: East St. Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1810 Piggott Avenue — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First EDDIE — Middle LEE — Last NELSON
4. DATE OF DEATH: Month May — Day 1, — Year 1962
5. SEX: Male
6. COLOR OR RACE: Negro
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/30/08
9. AGE (last birthday): 54 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Deputy Sheriff
10b. KIND OF BUSINESS OR INDUSTRY: St. Clair County
11. BIRTHPLACE (City and state or country): West Point, Miss.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: ED NELSON
13b. MOTHER'S MAIDEN NAME: GOLDIE BLAIR
14. NAME OF HUSBAND OR WIFE: ESTHER ROBINSON NELSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Esther Nelson, Address: 1810 Piggott Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulmonary embolus — INTERVAL BETWEEN ONSET AND DEATH: immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart disease — 2 years
DUE TO (c): Hypertensive cardiovascular disease — 20 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I(a): 443 X
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1960, to 5-1-62 and last saw her/him alive on 4-30-62
Death occurred at 7:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title) [signature]
22b. ADDRESS: 100 W. Euclid St. Louis, Mo
22c. DATE SIGNED: 5/1/62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5/6/62
23c. NAME OF CEMETERY OR CREMATORY: Sunset Gardens of Memory
23d. LOCATION (City, town, or county): Stookey Township, (State) Ill.
24. FUNERAL DIRECTOR: Marion E. Office — ADDRESS: 2114 Missouri Ave. East St. Louis, Ill.
25. DATE RECD. BY LOCAL REG.: MAY 2 1962
26. REGISTRAR'S SIGNATURE: Karl Smith, M.D.

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 Frank Prokopf

Licensed Embalmer No. 4356

P. O. Address St Louis, Mo

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.