

FILED AUG 28 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1918 Rear Cole Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community 2 Years / _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1918 Rear Cole Street
(If rural, give location)
(e) Citizen of foreign country? WASH (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1941 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from 7-9-1941 to 7-11-1941

that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic interstitial nephritis
2 days by peracute terminal
Due to Ray Hartung 18 months

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration
Physician
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Hosie Nelson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ed Nelson 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased. November 16, 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 7 25 hr. min.

9. Birthplace Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business _____

12. Name Henry Washington

13. Birthplace Mississippi
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Doyle

15. Birthplace Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Matthie Williams

(b) Address 2013a Carr Street

17. (a) Removal (b) Date thereof 7-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Canton Mississippi

18. (a) Signature of funeral director F.A. Green

(b) Address 2815 Franklin Avenue

19. (a) JUL 15 1941 (b) J. W. Brudick
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. T. Edwards (M. D. or other) _____

Address 1936 Franklin Ave Date signed 7/14/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

039

54

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

A. G. Lyden
Licensed Embalmer No. 2963

P. O. Address 2915 Frank

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