

FILED JAN 9 1948 318

1003

State File No. _____
Registrar's No. _____

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 mos
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County oaw

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2617 Dickson 9
21 (If rural, give location) 10

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Edna Nelson

3. (b) If veteran, name war.....

3. (c) Social Security No. _____

4. Sex Female 5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive 4 years (Day) (Year)

7. Birth date of deceased Feb. 4 1926
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>21</u>	<u>10</u>	<u>17</u>	hr. _____ min. _____

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

10. Usual occupation Nil

11. Industry or business _____

12. Name Ivory Lee Crowder

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

14. Maiden name Amanda Atkins

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

16. (a) Informant Ike Nielsen

(b) Address 839 Wauconda St

17. (a) Removal (b) Date thereof 12/24/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Helena, Ark

18. (a) Signature of funeral director R.M.C. Green

(b) Address 3517 Lasker P. Hye.

19. (a) DEC 24 1947 (b) J. S. Bradley
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21
year 1947 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from Sept. 18 to Dec. 21 19 47.
that I last saw him or alive on Dec. 21 19 47.
and that death occurred on the date and hour stated above.

Immediate cause of death Far Advanced Pulmonary Tuberculosis

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy No

PHYSICIAN _____

Underline the cause of which death should be charged statistically.

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 Oscar S. Daniels (M. D. or other) _____

Address 2601 N. Whittier Date signed 12/22/47

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

MOTHER FATHER

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. 514

working under my personal supervision.

Signed A. M. C. Green

Licensed Embalmer No. 1173

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