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10522

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. \_\_\_\_\_  
Registrar's No. 3065

FILED APR 7 1948 318

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 PHILLIPS HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 24 YEARS.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3828 FINNEY AVE.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MRS. ANNA M. NELSON

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 494-10-1439

4. Sex Female 5. Color or race Negro  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife OSCAR NELSON  
6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased Feb. 2, 1898  
(Month) (Day) (Year)

8. AGE: Years 50 Months 1 Days 24  
If less than one day hr. min.

9. Birthplace JACKSON COUNTY ARK.  
(City, town, or county) (State or foreign country)

10. Usual occupation MAID

11. Industry or business \_\_\_\_\_

12. Name SCOTT GREGORY

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

14. Maiden name MATTIE EDWARDS

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

16. (a) Informant Ann Nelson

(b) Address 3828 FINNEY AVE.

17. (a) BURIAL (b) Date thereof 3-1-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PARK CEM.

18. (a) Signature of funeral director Wm. J. ...

(b) Address 2631 Olive St.

19. (a) APR 30 1948 (b) J. F. Bredek  
(Date of registration) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 26  
year 1948 hour 1 minute 00 P. M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix Uteri  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions HO  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
(Specify type of place) (e) Means of injury 2

23. Signature J. F. Bredek (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 2/29/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

700  
17  
9

*ml*

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**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..... *H. Claude Gordon*.....

Licensed Embalmer No. *3489*.....

P. O. Address..... *4575-Aldine*.....

**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.**