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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1003

State File No. 14499

Registration District No. 318

Primary Registration District No.

Registrar's No. 3627

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: St. Mary's Infirmary 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill. (b) County St. Clair 999

(c) City or town East St. Louis 11
(If outside city or town limits, write "RURAL")

(d) Street No. 1712 Baker Ave. 0
(If rural, give location)

N.R.

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Ruth Nelson

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Col.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept. (Month) 27 (Day) 1928 (Year)

8. AGE: Years 19 Months 6 Days 13 If less than one day hr. min.

9. Birthplace East St. Louis (City, town, or county) Ill. 1 (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Retail Grocery

FATHER
12. Name Eddie Lee Nelson
13. Birthplace West Point (City, town, or county) Miss. 1 (State or foreign country)

MOTHER
14. Maiden name Cornelious Harris
15. Birthplace (City, town, or county) La. 1 (State or foreign country)

16. (a) Informant Eddie Lee Nelson
(b) Address 1810 Piggott

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Clair County

18. (a) Signature of funeral director [signature]
(b) Address 1318 E. Bellevue St. Louis

19. (a) APR 16 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 10
year 1948 hour 1 minute 35 A.M.

21. I hereby certify that I attended the deceased from March 18, 1948, to Apr 9, 1948;
that I last saw her alive on Apr 9, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Hepatitis -Toxic

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Infected Liver

Duration

PHYSICIAN

Underline the cause to 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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature [signature] (M. D. or other)

Address 1700 E. Bay, E. St. Louis, Ill. Date signed 4/13/48

(Licensed Embalmer's Statement on Reverse Side)

Mul

MAY 13 1948

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 Edgar R. Green, Registered Apprentice No. 513, working under my personal supervision.

Signed R. M. Green

Licensed Embalmer No. 1173

P. O. Address 1318 E. Broadway

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.