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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 11 1949

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 41709

Registrar's No. 11073

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (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 7 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 2704 Lawton (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Eddie Nelson

3. (b) If veteran, name war None

3. (c) Social Security No. 489-18-8377

4. Sex Male

5. Color or race Col.

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

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

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased August (Month) 12 (Day) 1896 (Year)

8. AGE: Years	Months	Days	If less than one day
52	4	8	hr. min.

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

10. Usual occupation Laborer

11. Industry or business Skrainka Construction Co.

FATHER 12. Name Unknown

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

MOTHER 14. Maiden name Unknown

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

16. (a) Informant Elreno Nelson

(b) Address 2704 Lawton Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-48 (Month) (Day) (Year)

(c) Place: burial or cremation Oakdale

18. (a) Signature of funeral director Allen Baker

(b) Address #506 Franklin Ave

19. (a) DEC 22 1948 (Date received local registrar) J B Lasalen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20 year 1948 hour 10 minute 8 p M.

21. I hereby certify that I attended the deceased from Dec. 13, 1948 to Dec. 20, 1948 that I last saw him alive on Dec. 20, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerotic Cardiovascular Disease with Multiple Cerebral Hemorrhage	Undet.
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Yes

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?

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

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

23. Signature Oscar L Daniels (M. D. or other)

Address 2601 N Whittier Date signed 12/22/48

(Licensed Embalmer's Statement on Reverse Side)

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 James Hyatt

Licensed Embalmer No. 1844

P. O. Address 3506 Franklin Ave

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.