

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39302
Registrar's No. 9828

#103637

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		b. COUNTY	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
St. Louis, Mo.		Missouri. St. Louis	
St. Louis City Hospital #1.		WEBSTER GROVES 96 7 9 1	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First)		b. (Middle)	
c. (Last)		(Month) (Day) (Year)	
NELLIE		SINGLETON	
11/13/49			
5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
FEMALE	WHITE	WIDOW	NOT KNOWN
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday)
Housewife		Housewife	60
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
St. Louis		U.S.A.	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	
WED FITZGERALD		LATE HOWARD	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
		16. SOCIAL SECURITY NO.	
		17. INFORMANT'S SIGNATURE OR NAME	
		W.M.E. BEGG	
		ADDRESS	
		522 MASON AVE	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH	
Meningo-vascular syphilis			
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	
		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
			YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
		30th	
21d. TIME OF INJURY (Month)* (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
		026X	
22. I hereby certify that I attended the deceased from 9/14/49, 19__, to 11/13/49, 19__, that I last saw the deceased alive on 11/13/49, and that death occurred at 2:31 PM., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title)		23b. ADDRESS	23c. DATE SIGNED
E. Lawrence, M.D.		1515 Lafayette Ave.,	11/14/49
24a. BURIAL CREMATORY REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
PURIAL	11-15-49	RESURRECTION	ST. LOUIS Mo.
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
NOV 14 1949	J. B. Lasater	M. J. Bragan 116 Manchester	

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

J. Allen Davis
Licensed Embalmer No. 4313

P. O. Address _____

at home

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: