

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40553**
Registrar's No. **10996**

FILED DEC 12 1952

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 40553		Registrar's No. 10996		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY St. Clair						
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (In this place) 3 days		c. CITY (If outside corporate limits, write RURAL and give township) Lovejoy		8120				
d. FULL NAME OF HOSPITAL OR INSTITUTION Peoples Hospital				d. STREET ADDRESS (If rural, give location) 611 Jefferson						
3. NAME OF DECEASED (Type or Print) a. (First) FELICIA			b. (Middle) G.			c. (Last) NELSON			4. DATE OF DEATH (Month) (Day) (Year) Nov 26, 1952	
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct 26, 1891		9. AGE (In years last birthday) 61		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY at home			11. BIRTHPLACE (City and State or Foreign Country) Lovejoy, Illinois		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Richard Gaston			13b. MOTHER'S MAIDEN NAME Lena Wade			14. NAME OF HUSBAND OR WIFE *****				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Leo Gaston-131 N 5th St., Lovejoy, Ill.						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Dilatation						INTERVAL BETWEEN ONSET AND DEATH		
		ANTECEDENT CAUSES DUE TO (b) Partial Obstruction								
		DUE TO (c) Adhesions								
		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 checked="" 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) _____		21d. (COUNTY) _____		21e. (STATE) _____		
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? 578x						
22. I hereby certify that I attended the deceased from 11/23, 1952 , to 11/26, 1952 , that I last saw the deceased alive on 11/26, 1952 , and that death occurred at 9 a. m. , from the causes and on the date stated above.										
23a. SIGNATURE Edgar F. Woodson M.D. (Degree or title)				23b. ADDRESS 930 N. 2nd E. St. Louis				23c. DATE SIGNED 11/28/52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 3, 1952		24c. NAME OF CEMETERY OR CREMATORY Father Dickson		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.				
DATE REC'D BY LOCAL REG. NOV 29 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE Marshall Funeral Home-East St. Louis, Ill.					

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 Thomas M. Robson

Licensed Embalmer No. 4479

2205 Missouri Ave.

P. O. Address East St. Louis, Ill.

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.