

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2712

No. 300
10.48

FILED APR 5 1955

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2712		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 2632 Delmar				e. STREET ADDRESS (If rural, give location) 21 2632 Delmar 2219				
3. NAME OF DECEASED (Type or Print) a. (First) Pearl b. (Middle) Nelson c. (Last) Nelson			4. DATE OF DEATH (Month) (Day) (Year) March 23, 1955					
5. SEX F.		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		8. DATE OF BIRTH Sept. 5, 1899		
9. AGE (In years last birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life. Give if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Tennessee		
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Andrew Boyd		13b. MOTHER'S MAIDEN NAME Lucetta Davis		14. NAME OF HUSBAND OR WIFE Henry Nelson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, state unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Henry Nelson 2632 Delmar				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease - 6 mos. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis 1 year DUE TO (c) Diabetes Mellitus 1 year II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 260 X						
22. I hereby certify that I attended the deceased from 3/14/1955, to 3/23/1955, that I last saw the deceased alive on 3-23-1955, and that death occurred at 4 A. m., from the causes and on the date stated above.								
23a. SIGNATURE D.E. Hale M.D. (Degree or title)				23b. ADDRESS 822 N. Jefferson		23c. DATE SIGNED 3/24/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE March 26, 1955		24c. NAME OF CEMETERY OR CREMATORY Greenwood		24d. LOCATION (City, town, or county) (State) St. Louis, Mo		
DATE REC'D BY LOCAL REG. MAR 25 1955		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E.B. Lauer 1221 77 Grand				

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.....
Signature of Student Embalmer

Signed *Gepton Swan*.....

Licensed Embalmer No. *468*.....

P. O. Address *1221 N 8*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.