

27 1939

REC'D MAY 11 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

16126
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township 1 Primary Registration District No. 200 Registered No. 762
(c) City Pine Lawn (d) Street No. 3709 Manola Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 520 Nellie Dimock

(a) Residence, No. 1824 S. 9th St. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert H.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 9 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Haven, Conn.13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Harry Dimock
(ADDRESS) 1824 S. 9th St.18. BURIAL, CREMATION, OR REMOVAL
PLACE Lakewood Park DATE Apr. 28, 193919. FUNERAL DIRECTOR (NAME) Wacker-Helderle
(ADDRESS) 2331 S. Broadway20. FILED APR 27 1939 J. M. May Jr.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 5th, 1939 to April 25th, 1939
I last saw her alive on April 25th, 1939 Death is said to have occurred on the date stated above, at 7:05 p.m.

The principal cause of death and related causes of importance were as follows:

Acute MyocarditisDate of onset
3 da

Other contributory causes of importance:

Chronic Arteriosclerosis 6 mo.Name of operation ----- Date of -----
What test confirmed diagnosis Lab. & Phy. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ----- Date of injury -----, 1939
Where did injury occur? ---
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ---Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Dr. H. H. Walter M.D.
(Signed) Dr. H. H. Walter M.D. M. D.
(Address) 3608 So. Grand Blvd.

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,

Robert Wheeler

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Robert Wheeler

Licensed Embalmer No.

2128

P. O. Address

St. Louis, Mo.

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, above space should be left blank.