

JAN 12 1940

791

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County 2  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4318 Neosho  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days) 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1  
(c) City or town St. Louis 15  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4318 Neosho  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 40 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9  
year 1939 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from Oct - 25<sup>th</sup>  
\_\_\_\_\_, 1939, to Dec - 9<sup>th</sup>, 1939;  
that I last saw her alive on Dec - 8<sup>th</sup>, 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma  
primary to lung  
Duration 6 mo

Due to Malnutrition

Due to \_\_\_\_\_  
Other conditions unimportant  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_  
(City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature Harry G. Bristow (M. D. or other) \_\_\_\_\_  
Address Mo. Theatre Bldg Date signed 12-11-39

8. (a) PRINT FULL NAME Nancy Emma Sepp 100

8. (b) If veteran, name war none 8. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Joseph John Sepp 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Oct. 6 1875  
(Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Carlyle Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business none

12. Name James Gullick

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

14. Maiden name Martha Jenne

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

16. (a) Informant's own signature Joseph J. Sepp

(b) Address 4318 Neosho

17. (a) Sunset Burial (b) Date thereof Dec. 11 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director John L. Zegenhem

(b) Address 7027 Gravois Ave

19. DEC 11 1939 (b) J. B. Bledsoe  
(Date received local registrar) (Registrar's signature)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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..... *C. P. Kidwell* .....

Licensed Embalmer No. *3877* .....

P. O. Address *6937<sup>a</sup> Gravois* .....

**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.**