

JAN 12 1940. 791
Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH: IOWA
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month, 7 da.
In this community Unknown
years, months or days

3. (a) PRINT FULL NAME Nannie Chase 2nd
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race Colored
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 16, 1879
(Month) (Day) (Year)

8. AGE: Years 60 Months 10 Days 28
If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Coleman Hill
13. Birthplace ? Va.
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Brown
15. Birthplace ? Va.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Carrie Barnett
(b) Address 3527 Lawton Blvd.

17. (a) Burial (b) Date thereof 12/18/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director A. Russell Und. Co.
(b) Address 2732 Pine Street

19. (a) DEC 18 1939 (b) J. B. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 1
(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 3527 Lawton
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14
year 39 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from November 3rd, 1939, to December 14, 1939;
that I last saw h. et. alive on December 14, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death: Heart failure
Due to: Postoperative toxemia
Due to: 546

Other conditions (Include pregnancy within 3 months of death)
Major findings: Uterine fibroid
Of operations: non malignant
Of autopsy: _____

Duration
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) Manner of injury _____
23. Signature Ralston S. Mitchell (M.D. or other)
Address 1536 Tapis Date signed _____

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 Joel Russell
Licensed Embalmer No. 4112

P. O. Address.....

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.