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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13486

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3688

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Luthern Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town Maplewood NR
(If outside city or town limits, write "RURAL")

(d) Street No. 7634 Jerome Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Nancy Helen Evans 152

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clay

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased April (Month) 2 (Day) 1898 (Year)

8. AGE: Years 42 Months 0 Days 19 If less than one day hr. min.

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

10. Usual occupation Housewife 0

11. Industry or business 0

FATHER
12. Name James Jennings 0
13. Birthplace Dixon (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Baugh
15. Birthplace Dixon (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Clay Evans
(b) Address 7634 Jerome Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-23-40 (Month) (Day) (Year)
(c) Place: burial or cremation Dixon, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) APR 23 1940 (Date received local registrar) (b) J. F. Bradock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1940 hour 12:00 minute 45 A M.

21. I hereby certify that I attended the deceased from June 28, 1939, to April 22, 1940;
that I last saw her alive on April 21, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Amyloid Nephritis	10 months
Due to Pyopneumothorax	
Due to Chr. Tuberculosis	
Other conditions Broncho-Pneumonia (Include pregnancy within 3 months of death)	43 days.

Major findings:
Of operations none.
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Lawrence Schlenker (M. D. or other) M.D.
Address 3515 S. Grand Date signed 4/23/40

(Licensed Embalmer's Statement on Reverse Side)

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 J. G. Sullivan

Licensed Embalmer No. 1122

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.