DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19593

FILED JUN 10 1940

Registration District No. 784 — Primary Registration District No. 115 — Registrar's No. 1055

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City (If outside city or town limits, write "RURAL" and name of township) 3

(c) Name of hospital or institution: Christian Old Peoples' Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 yr/3 mo. (Specify whether Yes)

In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 6600 Washington Ave., (If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Mary Nelson 425

3. (b) If veteran, name war ..... 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased January (Month) 5th. (Day) 1873 (Year)

8. AGE: Years 67 Months 4 Days 28 If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name John La Cross
13. Birthplace ..... (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Margaret Anderson
15. Birthplace ..... (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant's own signature Mary C. Craig

(b) Address 6600 Washington Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-4-40 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Shepard Funeral Home

(b) Address 1167 Hamilton Ave.

19. (a) JUN - 3 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3d. year 1940 hour 2 minute 40 A. M.

21. I hereby certify that I attended the deceased from December, 1938, to June 2nd, 1940; that I last saw her alive on June 2nd, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure

Due to Aneurysm of the arch of the aorta

Due to

Other conditions (Include pregnancy within 3 months of death) 96

Major findings: Of operations

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? 7 (Specify type of place)

While at work? (e) Means of injury

23. Signature John H. Ahrens (M. D. or other) MD

Address 6600 Washington Date signed 6-3-40

(Licensed Embalmer's Statement on Reverse Side)

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

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.

1 X19511

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.