

FILED AUG 25 1940

Registration District No. **701**

Primary Registration District No. **1003**

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:
5600 Goethe Ave.
(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)

3. (a) PRINT FULL NAME. Frances A. Nahm **508**

3. (b) If veteran, name war. None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife. Late Louis A. Nahm

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

7. Birth date of deceased. March 3rd 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>3</u>	<u>29</u>	hr. min.

9. Birthplace. St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework at home

11. Industry or business.....

12. Name Robert O'Brien

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

14. Maiden name Frances Donahue

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

16. (a) Informant John F. Nahm

(b) Address 5600 Goethe Ave.

17. (a) Burial (b) Date thereof 7-5-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuar

(b) Address 4228 So. Kingshighway

19. (a) JUL 3 1940 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....

(c) City or town. St. Louis **2**
(If outside city or town limits, write "RURAL")

(d) Street No. 5600 Goethe Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd
year 1940 hour 10:25 minute A.M. M.

21. I hereby certify that I attended the deceased from July 1st, 1940, to July 2nd, 1940
that I last saw her alive on July 2nd, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: apoplexy **2 days**

Due to: Hypertension **2 years**

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none

Of operations.....

Of autopsy..... no

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?.....

23. Signature Dr. Joseph H. Schaffer
(Specify type of place) (e) Means of injury

Address 901 University Club Date signed 7/3/40

Dr. Jos. Schaefer
U. Club
No. 3957

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 Edmund M. Acworth

Licensed Embalmer No. 3024

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, fact should be so stated above.