

No. 2
4-13-40
5-17-39
I X23159

State File No. _____

1940
Registration District No. 784

Primary Registration District No. 111

Registrar's No. 2132

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

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: St. Marys 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 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____

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

(d) Street No. 1050 Tower Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Unnamed Nestor

3. (b) If veteran, name war 540

3. (c) Social Security No. 540

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12th
year 1940 hour 8 minute 7 M.

4. Sex F. 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Nov 11 1940
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-12 1940 to 11-12 1940
that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

0 0 0 9 hr. min.

Immediate cause of death Congenital malformation

Due to _____

Due to 157d2

9. Birthplace Richmond Heights Mo
(City, town, or county) (State or foreign country)

10. Usual occupation None

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name Edward Nestor

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

14. Maiden name Cecelia Walker

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Edward Nestor

(b) Address 1050 Tower Ave.

17. (a) BURIAL (b) Date thereof 11-12-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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? _____

18. (a) Signature of funeral director Frederick Mortimer's
(Specify type of place)

(b) Address 4228 S. Kirkwood Highway
(c) Means of injury _____

19. (a) NOV 12 1940 (b) R. M. ...
(Date received local registrar) (Registrar's signature)

23. Signature Frederick Mortimer (M. D. or other) _____

Address 4500 Olive St. Kansas Date signed 11-12-40

Mr. Greg Jones
4500 Olive Rd
2-7

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.