

REG FEB 25 1941 791
Registration District No. 791

Primary Registration District No.

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: Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 7 das
(Specify whether
 In this community..... 40 yrs
years, months or days)

3. (a) PRINT FULL NAME..... Nettie Askew

3. (b) If veteran, name war.....
 3. (c) Social Security No. None

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

6. (b) Name of husband or wife..... William Askew 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased..... August 30th 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	8	15	hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home

12. Name..... John Hailstock

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

14. Maiden name..... Amanda Merritt

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

16. (a) Informant..... William Askew
 (b) Address..... 1801a Goode Avenue

17. (a) Burial (b) Date thereof 1/20/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... St. Peters Cemetery

18. (a) Signature of funeral director..... Charles J. Gates
 (b) Address..... 4107-09 Finney Avenue

19. (a) JAN 19 1941 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County..... 1000

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

(d) Street No. 1801a Goode Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.?..... 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15
 year 1941 hour 9:15 minute..... PM

21. I hereby certify that I attended the deceased from.....
January 8 1941 to January 15 1941,
 that I last saw her alive on January 15 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chr. Pleurisy & Effusion 1 yr
Chr. Nephritis Undet.
 Due to Generalized Arteriosclerosis Undet.

Due to.....
 Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 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?

While at work.....
(Specify type of place) (Means of injury)

23. Signature..... E. A. Powell
(M. D. or other)
 Address..... 2601 N Whittier Date signed.....

STATEMENT BY LICENSED EMBALMER

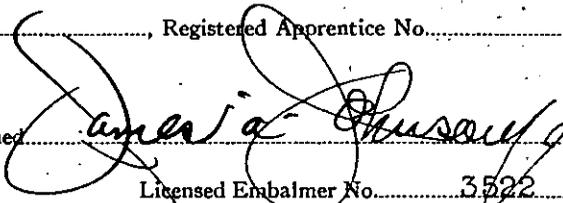
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

Registered Apprentice No.....

working under my personal supervision.

Signed



Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

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.