

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

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9350

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2760

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

0
7
9

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:
5519 Clemens
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Nannie Esade

3. (b) If veteran, name war No. 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 George 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Feb. 18 1869
(Month) (Day) (Year)

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

72 1 7 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Louis Britton

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

14. Maiden name Mary Goode

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie Kraft
(b) Address 5519 Clemens Ave.

17. (a) Removal (b) Date thereof 3/27/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Du Quoin, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) MAR 27 1941 4700 Washington Ave.

19. (a) (Date received local registrar) (b) [Signature]
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 5519 Clemens Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1941 hour 7 minute 30 p. M.

21. I hereby certify that I attended the deceased from 1939
....., 19..... to date, 19.....
that I last saw him alive on Mar 8, 1941:
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction 3 wks.
Ca. of return 1 yr.

Due to.....

Due to.....

Other conditions.....
(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) (e) Means of injury.....

23. Signature [Signature] (M., D. or other)

Address 3427 Delmar Date signed 3-28-41

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 Welford H. Burnley
Licensed Embalmer No. 4202

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.