

No. 2  
-1-4-41  
5-17-39  
I X26390

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS  
AUG SEP 8 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29267  
Registrar's No. 1720

Registration District No. 784 Primary Registration District No. 100

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

1. PLACE OF DEATH:  
(a) County St Louis  
(b) City or town Brentwood  
(c) Name of hospital or institution:  
Gould-Worth Nursing Home  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Jessie Nahn  
3. (b) If veteran, name war \_\_\_\_\_  
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 William, J. Nahn  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 27 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 4 18 1 hr. 0 min.

9. Birthplace Novia Scotia  
(City, town, or county) (State or foreign country)  
10. Usual occupation Retired Housewife

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name Hugh Ross  
13. Birthplace Scotland  
14. Maiden name Jane Chambers  
15. Birthplace Scotland  
(City, town, or county) (State or foreign country)

16. (a) Informant Hazel Remley  
(b) Address 8902 Manchester, Brentwd.  
17. (a) Burial (b) Date thereof 8-18-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Louis N. Papp, Inc.  
(b) Address 131 W. Argonne Dr. Kirkwood, Mo.

19. (a) AUG 18 1941 (b) [Signature]  
(Date received local health officer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St Louis  
(c) City or town Glendale  
(d) Street No. 435 N. Sappington, Rd.  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

20. DATE OF DEATH, Month August day 15<sup>th</sup>  
year 1941 hour 87 minute 40 M.  
21. I hereby certify that I attended the deceased from 7-22 to 8-15 1941  
that I last saw her alive on 8-15 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Due to Hypertensive Crisis  
Due to Arteriosclerosis  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations [Signature]  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) [Signature]  
Address 3604 [Address] Date signed 8-18-41

**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 John M. Meyer  
Licensed Embalmer No. 3788  
P. O. Address Herkeland, Me

**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.**