

No. 2
-1-4-41
-1-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29405

State File No. Pa 3155
Registrar's No. 1799

Registration District No. 794

Primary Registration District No. 200

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Wellston
(c) Name of hospital or institution: 6144 Etzel Ave.
(d) Length of stay: In hospital or institution.
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Wellston
(d) Street No. 6144 Etzel Ave.
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME Nellie R. Crist.
(b) If veteran, name war No
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month AUG day 29 year 1941 hour 12.45 minute P.M.
21. I hereby certify that I attended the deceased from Aug 26th 1941 to Aug 28 1941 that I last saw her alive on Aug 28 1941 and that death occurred on the date and hour stated above.

4. Sex female / 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife T. J. Crist
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar. 27, 1860.
8. AGE: Years 81 Months 5 Days 2

Immediate cause of death: Hypostatic pneumonia
Due to: Necking up on back
Other conditions: (include pregnancy within 3 months of death)
Major findings: Of operations: 7/08
Of autopsy: -

9. Birthplace Missouri
10. Usual occupation Retired
11. Industry or business
12. Name ? Davis
13. Birthplace Illinois
14. Maiden name Don't know
15. Birthplace Ind.
16. (a) Informant J. W. Jones
(b) Address 1427 N. Hanley Rd.
17. (a) Burial (b) Date thereof Sept. 1/41
(c) Place: burial or cremation Valhalla Cem.
18. (a) Signature of funeral director J. O. S. W. Clark
(b) Address 1125 Hodiamont Ave.
19. (a) SEP - 1 1941 (b) Registrar's signature

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 (Specify type of place) (e) Means of injury
23. Signature J. D. Thurnall (M. D. or other)
Address 1753 (Hwy) Date signed 8-29-41

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Dr. J. D. Thurmon
6753 Page Blvd.,
PA. 3155.

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. 3225.....

P. O. Address 1125 Hodiament Ave.....

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.