

Registration District No. 791 Primary Registration District No. 1003

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:  
412 N. Union Blvd., 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 80 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 412 N. Union Blvd., 1  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Nannie E. Wear,

3. (b) If veteran, name war None 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 James H. Wear, 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased September 17, 1847  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
94 5 8 hr. \_\_\_\_\_ min.

9. Birthplace Hannibal Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER { 11. Industry or business \_\_\_\_\_  
12. Name John J. Holliday  
13. Birthplace Pike County Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Lucretia Foree,  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant James H. Wear  
(b) Address 40 Westmoreland Place.

17. (a) Burial (b) Date thereof 2/27/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Wagoner Und. Co.,  
(b) Address 3621 Olive St.

19. (a) FEB 27 1942 (b) J F Briedeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25  
year 1942 hour 11 minute 20 P. M.

21. I hereby certify that I attended the deceased from December 1941 to Feb 25 1942  
that I last saw her alive on Feb. 25 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Bronchitis Duration 4 days  
Pulmonary edema 3 days

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

Major findings: Of operations no Of autopsy no  
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) no  
(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) (c) Means of injury D  
23. Signature Charles H. ... (M.D. or other) M.D.  
Address 3721 ... Date signed 2/27/42

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

**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.....

**Robert T. Sangster**

Registered Apprentice No. **259**

working under my personal supervision.

Signed

*R. T. Sangster*

Licensed Embalmer No. **3696**

P. O. Address **3621 Collins**

**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.**