

FILED DEC 7 1942

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9927

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days (Specify whether
In this community 16 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")
(d) Street No. 1728 Belmont (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Annie Nash
3. (b) If veteran, name war No 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 23,
year 1942 hour 6 minute 25 P. M.
21. I hereby certify that I attended the deceased from November
3, 1942, to November 23, 1942
that I last saw her alive on November 23, 1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sou Nash 6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 10 1902
(Month) (Day) (Year)

Immediate cause of death
Pulmonary Embolism
Lobar Pneumonia
Uterine Myoma

Duration
Terminal
27 days
Unknown

8. AGE: Years Months Days If less than one day
40 7 13 hr. min.

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.

9. Birthplace Little Rock Ark. 1
(City, town, or county) (State or foreign country)
10. Usual occupation Maid

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?
(Specify type of place)
While at work? (c) Means of injury

MOTHER FATHER

11. Industry or business.....
12. Name Will Stevenson
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Saran
15. Birthplace Little Rock Ark. 1
(City, town, or county) (State or foreign country)

16. (a) Informant John Henry Lee
(b) Address 2708 A Dickson St.
17. (a) Burial (b) Date thereof Nov. 28, 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood
18. (a) Signature of funeral director Dement & Son
(b) Address 2629-31 Cole St.
19. (a) NOV 25 1942 (b) J. F. Budick
(Date received by Registrar) (Registrar's signature)

23. Signature J. E. Smith (M. D. or other)
Address 2601 Whitehall Date signed

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

NOV 28 1942

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 William Claude Gordon
Licensed Embalmer No. 3489
P. O. Address 2831 Easton 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.