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S. No. 2
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5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8660

ED MAR 20 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1723

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:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 000 12 922

(a) State Missouri. (b) County

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

(d) Street No. 2619 Park Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Nellie Pearsall

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 Married.

6. (b) Name of husband or wife Charles A. Pearsall

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased June (Month) 25 (Day) 1891 (Year)

8. AGE: Years 51 Months 7 Days 24 If less than one day hr. min.

9. Birthplace St. Louis, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business

FATHER
12. Name Thomas P. Nugent.
13. Birthplace England. 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary McCarthy.
15. Birthplace Ireland. 4
(City, town, or county) (State or foreign country)

16. (a) Informant Charles A. Pearsall.
(b) Address 2619 Park Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-43. (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.

19. (a) FEB 22 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19. year 1943 hour 11:25 minute P. M.

21. I hereby certify that I attended the deceased from February 18, 1943 to February 19, 1943 that I last saw her alive on February 19, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gangrene of both legs	
Due to Thrombosis of Ext Iliac arteries on rt & femoral on left	
Due to also Pituitary tumor Not known as to	
Other conditions accep. malig. pancy (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature M. D. Johnson (M. D. or other)
Address 1515 Lafayette Ave., Date signed 2/20/43

(Licensed Embalmer's Statement on Reverse Side)

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 P. Buckholz

Licensed Embalmer No. 1674

P. O. Address 2223 St Louis Mo

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.