

LED JUN 19 1943 18

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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 Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days
(Specify whether years, months or days) 26 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0
(c) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 3032 Rear Belle
(If rural, give location) 9
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Nannie Shaw

3. (b) If veteran, name war. X X 3. (c) Social Security No. X X

4. Sex FEMALE 5. Color or race Col 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive NONE years

7. Birth date of deceased SEPTEMBER 18 1896
(Month) (Day) (Year)

8. AGE: Years 46 Months 8 Days 23 If less than one day hr. min.

9. Birthplace MOBILE ALA
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business NONE

12. Name UNKNOWN

13. Birthplace UNKNOWN UNKNOWN
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant B. G. Thompson

(b) Address 3032 REAR BELLE AVE

17. (a) BURIAL (b) Date thereof 6-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PARK CEM

18. (a) Signature of funeral director J. J. Bredeek

(b) Address 3030 BELLE AVE

19. (a) JUN 14 1943 J. J. Bredeek
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1943 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 31, 1943, to June 11, 1943,

that I last saw her alive on June 11, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Heart Disease; Chr. Nephritis

Due to.

Due to.

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations.

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? (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) (e) Means of injury.

23. Signature J. S. Smith (M. D. or other)

Address 2601 W. Hillier Date signed 6/12/43

Duration Unknown

PHYSICIAN Underline the cause to which death should be charged statistically.

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

James M. Jones
.....
Licensed Embalmer No. 3522

P. O. Address.....

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.