S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUN 25 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22490

Registration District No. 317 — Primary Registration District No. 3069 — Registrar's No. 1467

1. PLACE OF DEATH:
(a) County: ~~Clayton, Missouri~~ St. Louis
(b) City or town: Richmond Hgts
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 month (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: ~~Clayton~~
(c) City or town: (If outside city or town limits, write "RURAL")
(d) Street No.: 4853 Maffitt Ave., (If rural, give location)
(e) Citizen of foreign country? (Yes or No): No
If yes, name country:

3. (a) PRINT FULL NAME: NETTIE SANKEY
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: January 6th 1870 (Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 16 If less than one day hr. min.

9. Birthplace: St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Saleslady
11. Industry or business: Lambert Furniture Co.,
FATHER 12. Name: Unknown
13. Birthplace: (UNKNOWN) (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name:
15. Birthplace: (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Elizabeth Coyne
(b) Address: 4853 Maffitt Ave.,
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 6-25-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery
18. (a) Signature of funeral director: Sullivan Brothers
(b) Address: 2849 North Euclid Ave.,
19. (a) JUN 25 1943 (Date received local registrar) (b) E. H. McGovern (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22nd year 1943 hour 5 minute 30P M.
21. I hereby certify that I attended the deceased from FEB. 8 1943 to JUNE 22 1943 that I last saw her alive on JUNE 22, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CORONARY HEART DISEASE	4½ MO.
Due to	
Due to	
Other conditions: AC. PLEURITIS (L.T.) (Include pregnancy within 3 months of death)	3 DAYS

Major findings:
Of operations: NONE
Of autopsy: NONE G/G

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

22. If death was due to external causes, fill in the following: No.
(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:
23. Signature: Henry L. Oppenheimer (M. D. or other) MD.
Address: 3720 WASHINGTON AVE. Date signed: 6-23-43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Henry Oppenheimer,
3720 Washington
12:00 noon sharp
- Wednesday -

MAY 19 1944

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 Albert L. Mansfield

Licensed Embalmer No. 3077

P. O. Address 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.