

Registration District No. 1818

Primary Registration District No.

1003

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

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:  
1316 Choteau Ave. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether  
In this community 33 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town 1316 Choteau Ave.  
(If outside city or town limits, write "RURAL")  
(d) Street No. St. Louis  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME NANNIE JANE BOATWRIGHT

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. 13th 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 7 23 hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home

12. Name R. T. Hampton

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

14. Maiden name Elizabeth Quick

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

16. (a) Informant Phemie Hampton

(b) Address 1316 Choteau Ave.

17. (a) Burial (b) Date thereof Oct. 8th 43.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director H. M. Laughlin

(b) Address 2301 Lafayette Ave.

19. (a) Oct 7 1943 (b) J. Bredeck  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6th  
year 1943 hour 5 minute 40 a. M.

21. I hereby certify that I attended the deceased from Oct 4  
1943 to Oct 5 1943  
that I last saw her alive on Oct 5 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Chronic  
Duration

Due to.....  
Due to.....

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

Major findings:  
Of operations.....  
Of autopsy.....

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?

While at work? (Specify type of place) (c) Means of injury.....  
23. Signature H. E. Moore (M. D. or other) Oct 6 43  
Address 227-501/8 Date signed

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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

*L. B. Cooper*

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

**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.**