. S. No. 2
0M—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 29 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 36752

Registrar's No. 10062

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: City Sanitarium (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 33yr.0mo.18ds. (Specify whether
In this community 58 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 006 17
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 5/3
(d) Street No. ? (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MARY NIMMO

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 William Nimmo

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased ? (Month) ? (Day) 1871 (Year)

8. AGE: Years ABOUT 72 Months - Days - If less than one day hr. min.

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

10. Usual occupation housework

11. Industry or business

FATHER
12. Name unknown unknown
13. Birthplace unknown (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name unknown unknown
15. Birthplace unknown (City, town, or county) unknown (State or foreign country)

16. (a) Informant Thelma A. Dougher
(b) Address 5400 Arsenal St

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-17-43 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen & Kelly
(b) Address 1416 N. Taylor Ave

19. (a) NOV 1 1943 (Date received local registrar) (b) J. B. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11, year 1943 hour 1.00 minute a. M.

21. I hereby certify that I attended the deceased from 1937, 19, to Nov. 11, 1943, 19, that I last saw h. alive on Nov. 11, 1943, 19, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	1936x
Due to Senility	1936x
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.

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 M. L. Moore (M. D. or other) MD
Address 5400 Arsenal St Date signed 11/15/43

(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 Walter W. McCausland Jr.

Licensed Embalmer No. 4361

P. O. Address Saint Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.