

FILED DEC 3 1943
318

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. 10283

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST LOUIS, MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. LOUIS CITY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Fayette
(c) City or town Vandalia
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) NR.
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 9

3. (a) PRINT FULL NAME NETTIE PUMMILL

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife FRED PUMMILL 6. (c) Age of husband or wife if alive 3 years

7. Birth date of deceased: OCT 3 1895
(Month) (Day) (Year)

8. AGE: Years 58 Months 1 Days 16
If less than one day _____ hr. _____ min.

9. Birthplace Unknown Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name John Nowlin

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Susan Jane Shives

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Jack Pummill

(b) Address Vandalia, Ill.

17. (a) Removal (b) Date thereof 11-21-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia, Ill.

18. (a) Signature of funeral director Albert H. Hoppe, Inc.
(b) Address 1700 Washington Blvd.

19. (a) NOV 24 1943 J. J. Brudick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 19
year 1943 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from
11-14-1943 to 11-19-1943

that I last saw her alive on 11-19 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Hypertensive heart disease

Due to myocardium

Due to _____

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

Major findings:
Of operations _____

Of autopsy as above

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. Yarow (M. D. or _____)

Address 1515 2nd Ave Date signed 11-19-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10283

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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

Albert G. Hoffe

Licensed Embalmer No..... 2971

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.