

FILED FEB 1 1944 818
Registration District No. _____

Primary Registration District No. 1003

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:
Missouri Baptist 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair
(c) City or town East St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3104 Bellevue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 years

3. (a) PRINT FULL NAME Nellie Anna Clark

3. (b) If veteran, name war none 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 Denver 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased October 21 1903
(Month) (Day) (Year)

8. AGE: Years 40 Months 3 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Union County Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Henry Welch Vansickle

18. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Nellie Thomas

15. Birthplace Union Co. Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Nellie Anna Clark

(b) Address E. St. Louis, Ill. Removal

17. (a) _____ (b) Date thereof Jan. 22, 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East St. Louis, Ill. Charles DeWitt

18. (a) Signature of general director W. St. Brown

(b) Address East St. Louis, Ill.

19. (a) JAN 25 1944 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22
year 1944 hour 2 minute 20 A. M.

21. I hereby certify that I attended the deceased from Jan 19, 1944; to Jan 22, 1944; that I last saw her alive on Jan 22, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Chrom. Myelogram leukemia Duration 3 yrs

Due to _____
Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none

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 W. St. Brown (M. D. or other) _____
Address 3903 Olive Date signed 1/22/44

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be accurately supplied. AGE should be stated EXACTLY. PHYSICIANS should state

785

785

31000
4165600

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.....

Licensed Embalmer No. 3162

P. O. Address East St Louis II

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, above space should be left blank.