

FILED FEB 1 1944

State File No. 673

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(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 Hosp
(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)

3. (a) PRINT FULL NAME

Nazel Nahn Remley

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married Married
6. (b) Name of husband or wife James Remley 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 1 1897
(Month) (Day) (Year)

8. AGE: Years 46 Months 6 Days 16 If less than one day hr. _____ min. _____

9. Birthplace Lt. Smith Ark. (City, town, or county) - (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Arleton Nahn

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

14. Maiden name Jessie Rosa

15. Birthplace Gonna Scotia (City, town, or county) (State or foreign country)

16. (a) Informant James Remley

(b) Address R.R. # 2, Clayton Mo

17. (a) Burial (b) Date thereof 1-2-44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director James H. Popper

(b) Address 1407 N. Taylor St. St. Louis Mo

19. (a) JAN 23 1944 (b) J. J. Bredek (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town Clayton R.R. # 2 (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) N.R.
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17 year 1944 hour _____ minute 28 P.M.

21. I hereby certify that I attended the deceased from February 23 1943 to January 17 1944.
that I last saw her alive on January 17 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic lobes pneumonia Duration 2 days

Due to _____

Due to _____

Other conditions Emphysema of lungs following acute hepatitis 1 year

Major findings: Of autopsies lobes pneumonia left lung Emphysema of lungs

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 J. J. Bredek (M. D. or other) _____

Address 1407 N. Taylor St. St. Louis Mo Date signed 1/18/44

USE UNFADING INK - MAKE A PERMANENT RECORD

879 879

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 Felix Durand
Licensed Embalmer No. 3034
P. O. Address Kirkwood 97

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

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