S. No. 2
4—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1 1944

318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5133

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 2097

1. PLACE OF DEATH:

(a) County .....

(b) City or town Sh. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2366 So. 39th St
(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: 000

(a) State Mo. (b) County 17

(c) City or town Sh. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 2366 So. 39th St.
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Nell Gartrell

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 Single

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive 1 years

7. Birth date of deceased Aug. (Month) 12th (Day) 1874 (Year)

8. AGE: Years 69 Months 6 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace Sh. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Dressmaker

11. Industry or business retired

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

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

16. (a) Informant Margaret Gartrell
(b) Address 2366 So. 39th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway

19. (a) MAR 2 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st year 1944 hour 2 minute A M.

21. I hereby certify that I attended the deceased from Feby 24th 1944, 19.., to March 1st, 1944; that I last saw her alive on Feby 29, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute endocarditis	
Due to Labor pneumonia	3 Dy
Due to	
Other conditions (Include pregnancy within 3 months of death)	

108

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 0

23. Signature C. Wyngh (M. D. or other)
Address 2278 S. Jefferson Date signed 3-2-44

(Licensed Embalmer's Statement on Reverse Side)

Dr Funeral 3847 Flora

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 Edwin D. McDermott

Licensed Embalmer No. 3024

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.