

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X3687

Registration District No. 318

Primary Registration District No. 1003

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

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: HOMER PHILLIPS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Nellie Hall

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

4. Sex FEMALE 5. Color or race C 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 11 30 1887
(Month) (Day) (Year)

8. AGE: Years 56 Months 2 Days 21 If less than one day hr. min.

9. Birthplace CLARKSVILLE MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business _____

MOTHER FATHER { 12. Name Jessie M^o Murray

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

14. Maiden name ELLEN CAMPBELL

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

16. (a) Informant Ellen Hall

(b) Address 1815 Carr

17. (a) Burial (b) Date thereof 2-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Blum

(b) Address 3103 Washington

19. (a) FEB 27 1944 (b) J. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST LOUIS
(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 1815 Carr, St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21st
year 1944 hour 11 minute _____ M.

21. I hereby certify that I attended the deceased from 17th Feb 1944 to 20th Feb 1944
that I last saw her alive on 20th Feb 1944
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial insufficiency Duration 1 year

Due to _____

Due to _____

Other conditions (Include pregnancy, within 3 months of death) 97

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? Yes (Specify type of place) _____
(c) Manner of injury _____

23. Signature W. Deaton (M. D. or other) _____

Address 2743 Franklin Date signed 23 Feb

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4219th E. Garfield

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.