V. S. No. 2
00M—5-43
ev. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1 1944 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5548

State File No.

Registration District No. Primary Registration District No. 1003 Registrar's No. 1756

1. PLACE OF DEATH:

(a) County ---

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

(c) Name of hospital or institution:
4429a Garfield Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Abt. 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12

(c) City or town Saint Louis 9 11
(If outside city or town limits, write "RURAL")

(d) Street No. 4429 Garfield
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME CLARA D. NUNDLEY

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Female | 5. Color or race 3 Negro | 6. (a) Single, widowed, married, divorced 2 Widow

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

6. (c) Age of husband or wife if alive Dec'd years

7. Birth date of deceased September (Month) 25 (Day) 1870 (Year)

8. AGE: Years 73 | Months 4 | Days 22 | If less than one day hr. min.

9. Birthplace Forest Dale (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Nil

MOTHER FATHER

12. Name George Whitehead

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

14. Maiden name Harriet Ann Pierce

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

16. (a) Informant Martha Clarke

(b) Address 4170 Enright Av. Apt. 6

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-44 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Ave.

19. (a) FEB 21 1944 (Date received local registrar) (b) J. F. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feburary day 17th year 1944 hour 7 minute 40 P.M.

21. I hereby certify that I attended the deceased from Sept 3rd, 1943, to February 17, 1944, that I last saw her alive on Feb. 17, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	1 day
Due to Hypertension	6 Mos.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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 (M. D. or other)

Address 809 N. Jefferson Date signed 2/20/44

(Licensed Embalmer's Statement on Reverse Side)

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 Thomas J. Gates, Registered Apprentice No. _____, working under my personal supervision.

Signed Thomas J. Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Ave.

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.