

FILED JUN 1 1944 8

Registration District No.

Primary Registration District No. 1003

State File No.
Registrar's No.

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:
2818 Semple Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Nellie Agee

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

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive dec'd years

7. Birth date of deceased April 17 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 1 1 hr. min.

9. Birthplace Saint Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher

11. Industry or business

12. Name James Porter

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

14. Maiden name Lucy Anderson

15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Lucian P. Gibson

(b) Address 2818 Semple

17. (a) Burial (b) Date thereof May 20 '44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

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

(b) Address 4107 Finney Avenue

19. (a) MAY 20 1944 (b) J. J. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 176
(If outside city or town limits, write "RURAL") 96
(d) Street No. 2818 Semple Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1944 hour 3 minute 50 P.M.

21. I hereby certify that I attended the deceased from 2-8-44
1944, 19, to 5-18-44, 19,

that I last saw her alive on 5-17-44, 19,
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral thrombosis Duration

Due to old cerebral bleeding

Due to

Other conditions (Include pregnancy within 3 months of death) g3a

Major findings: Of operations g3a

Of autopsy

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) Means of injury

23. Signature S. J. Swine (D. or other)

Address 2601 Chittier Date signed 5-20-44

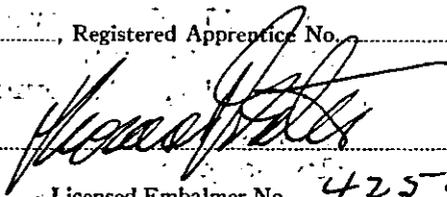
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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. 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.