

Registration District No. **818**

Primary Registration District No. **1003**

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:
4143, Shenandoah Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether)
 In this community 36 Years.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4143, Shenandoah Ave.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

600
17
179

3. (a) PRINT FULL NAME Nellie Shortess Brooks

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

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

6. (b) Name of husband or wife Frank A. 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased March 25 1867
(Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 5 If less than one day hr. _____ min. _____

9. Birthplace Sullivan Ill. Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business At home

12. Name Andrew Shortess
 13. Birthplace Penn.
(City, town, or county) (State or foreign country)
 14. Maiden name Hallie Mulholland
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Frank A Brooks
 (b) Address 4143 Shenandoah Ave.

17. (a) Ship (b) Date thereof 7 / 2 / 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Charleston Illinois

18. (a) Signature of funeral director A.W. McLaughlin
 (b) Address 2301, Lafayette Ave.

19. (a) JUL 1 1944 J.F. Medeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 30
 year 44 hour 9 minute A- M.

21. I hereby certify that I attended the deceased from 6/1 1944 to 6/30 1944
 that I last saw her alive on 6/30 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Artery Disease
Tuberculosis
Arteriosclerosis
2 weeks

Due to _____
 Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
 Of operations none
 Of autopsy none

Duration

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.F. Medeck (M. D. or other) _____
 Address: 1515 Lafayette Date signed 6/30/44

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

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 *L R Cooper*
Licensed Embalmer No. *3633*
P. O. Address *33, 7 Lafayette*

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.