

State File No.

FILED MAR 10 1945
Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 65

1. PLACE OF DEATH:

(a) County O'Fallon

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

(c) Name of hospital or institution: State Hospital no 12
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 yrs 7 mo 6 days
(Specify whether same)

In this community same
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

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

(d) Street No. 1210 N Kingshighway
(If rural, give location)

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

If yes, name country D

3. (a) PRINT FULL NAME DAISY NIPPER

3. (b) If veteran, name war DK

3. (c) Social Security No. DK

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24 year 1945 hour 3 minute 300 M.

21. I hereby certify that I attended the deceased from Feb 21 1945 to Feb 22 1945 that I last saw her alive on Feb 23 1945 and that death occurred on the date and hour stated above.

4. Sex female Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife DK

6. (c) Age of husband or wife if alive 15 years (Day) (Year)

7. Birth date of deceased April 15 1885
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

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

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day

59 7 4 hr. min.

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

10. Usual occupation Power Plant

11. Industry or business same

MOTHER FATHER

12. Name DK 9

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

14. Maiden name DK

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

16. (a) Informant Records State Dept no 1

(b) Address Fulton Mo

17. (a) Removal (b) Date thereof 2-25-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Louis Co

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

(b) Address 7814 S. ...

19. (a) 2-25-1945 (b) J. J. ...
(Date received local registrar) (Registrar's signature)

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. J. ... (M. D. or other) D

Address Fulton Mo Date signed 2/25/45

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

14
1
2

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 3-9-45

MAR 20 1945

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 Louis E Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway

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.