

S. No. 2
M-5-43
v. 5-17-39
I X36671

State File No. **21683**
Registrar's No. **5394**

FILED JUN 26 1946
318

Registration District No. _____ Primary Registration District No. **1003**

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: **Peoples Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 days**
In this community **About 20 years.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4727 Kensington Place**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Nannie Easley**
(b) If veteran, name war _____ (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Separated**
(b) Name of husband or wife **John** 6. (c) Age of husband or wife if alive **About 70 years**
7. Birth date of deceased **Unavailable 1876**
(Month) (Day) (Year)

8. AGE: Years **About 70** Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace **Fulton, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER {
12. Name **Albert Brown**
13. Birthplace **Unavailable**
(City, town, or county) (State or foreign country)
14. Maiden name **Hester Cooper**
15. Birthplace **Mexico, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Glandora Hill**
(b) Address **4727 Kensington Place**

17. (a) **Burial** (b) Date thereof **6-18-46**
(City, town, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park Cemetery**

18. (a) Signature of funeral director **Chas. J. Gates**
(b) Address **4107 Finney Avenue**

19. (a) **JUN 18 1946** (b) **J. F. Bruce**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **13th**
year **1946** hour **4** minute **45** P.M.

21. I hereby certify that I attended the deceased from **June 6**
1946 to **June 13th**, 1946
that I last saw her alive on **June 13th**, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**
Due to **Hypertension; arteriosclerosis**

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? _____

(e) Means of injury _____
While at work? _____ (Specify type of place)

23. Signature **J. F. Bruce** (M. D. or other) _____
Address **332 N Jefferson** Date signed _____

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

20552

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.