S. No. 2
OM—5-43
v. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 29 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28865

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2248

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: Barnes Hospital, C
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months (Specify whether years, months or days)
In this community 28 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis
(c) City or town NORMANDY
(If outside city or town limits, write "RURAL")
(d) Street No. 3901 CANTERBURY DR.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) NR
If yes, name country

3. (a) PRINT FULL NAME NELLIE Mc INTOSH

3. (b) If veteran, name war

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 GEORGE LEON

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased JAN. (Month) 13 (Day) 1896 (Year)

8. AGE: Years 50 Months 7 Days 7 If less than one day hr. min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business

MOTHER FATHER

12. Name WARREN E. KENDALL

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

14. Maiden name ABA PALMER

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

16. (a) Informant George L. McIntosh
(b) Address 3901 CANTERBURY DR.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 8-22-46 (Month) (Day) (Year)
(c) Place: burial or cremation AUGUSTA ~~HALLOWELL~~ MAINE

18. (a) Signature of funeral director Cullen Kelly
(b) Address 7267 NATURAL BRIDGE

19. (a) AUG 21 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 20 year 1946 hour 3 minute 10 P. M.

21. I hereby certify that I attended the deceased from April 23, 1946 to Aug. 20, 1946 that I last saw her alive on Aug. 20, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the cervix with widespread metastases

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations

Of autopsy none performed

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

23. Signature R Bradley (M. D.)
Address Barnes Hospital, Date signed 8/20/46

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed James A. Lemmen

Licensed Embalmer No. 4142

P. O. Address St. Louis

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.