

S. No. 2  
M-5-42  
5-17-39  
X32273

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

35653

STANDARD CERTIFICATE OF DEATH

State File No.

8524

Registration District No.

318

Primary Registration District No.

1002

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: Missouri Baptist Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 45 minutes  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rt. #11 Lemay  
(If rural, give location) NK 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or) No  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Nannie B. Taber

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife George 6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased Oct. 10 1895  
(Month) (Day) (Year)

8. AGE: Years 50 Months 11 Days 21 If less than one day  
hr. \_\_\_\_\_ min.

9. Birthplace St. Aubert Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name George Strickland  
13. Birthplace St. Aubert Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy South  
15. Birthplace St. Aubert Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant George Taber  
(b) Address Rt. #11 Lemay, Mo.

17. (a) Burial (b) Date thereof 10/4/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn

18. (a) Signature of funeral director Wacker-Hellie

(b) Address 3634 Gravois Ave.

19. (a) OCT 4 1946 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1  
year 1946 hour 3 minute 30A. M.

21. I hereby certify that I attended the deceased from June 1-46  
Oct 1 1946 to Oct 1 1946  
that I last saw her alive on Sept 30 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 da

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Diabetes Mellitus 6 yrs  
(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?

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury 3  
23. Signature Wacker-Hellie (M. D. or other) MD  
Address 402 Croker Bldg. Date signed 10-1-46

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

MOTHER FATHER

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**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 Robert C. Wheeler

Licensed Embalmer No. 2178

P. O. Address St. Louis, Mo.

**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.**