

0-2  
-45  
7-39  
X47070

**FILED MAY 14 1947**

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Enroute to City Hospital #1 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 40 years (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME NELLIE ANN WINDLE

3. (b) If veteran, name war nil 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife George 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased November 23, 1894  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
52 5 13 hr. min.

9. Birthplace Little Rock, Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation House-wife

11. Industry or business At Home

12. Name Hoti Tucker  
13. Birthplace Arkansas  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Snyder  
15. Birthplace DeSoto, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Winifred Haines  
(b) Address 5604 Morganford Road

17. (a) burial (b) Date thereof 5-9-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New S S Peter & Paul

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

19. (a) MAY 7 1947 (b) J. J. Budeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 2709a/Howard Street (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6<sup>th</sup> year 1947 hour 3:30 minute P.

21. I hereby certify that I attended the deceased from May 1, 1947 to May 3, 1947  
that I last saw her or alive on May 3 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery Disease  
Myocarditis and heart bloc  
Due to \_\_\_\_\_

Other conditions High Blood Pressure  
(Include pregnancy within 9 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 Dr. Harry R. ... (D. or other) \_\_\_\_\_  
Address 1829 Oak St Date signed May 11, 47

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. Harry Rich  
1829 Cass Av  
Ga. 9124

---

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..... *C. W. Cooper*  
Licensed Embalmer No. *3830*  
P. O. Address *221 Lafayette 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.