S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25584

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6487

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: Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1day (Specify whether
In this community 35yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 67
(If outside city or town limits, write "RURAL")

(d) Street No. 106 N. 22nd Street 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Nancy Hale

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female 3

5. Color or race Colored

6. (a) Single, widowed, married, divorced Wid. 2

6. (b) Name of husband or wife Robert Hale

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

7. Birth date of deceased August (Month) 19th (Day) 1877 (Year)

8. AGE: Years 69 Months 10 Days 17 ~~16~~ If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Solomon Pettiss
13. Birthplace ? (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Henrietta Wright
15. Birthplace Tuscumbia (City, town, or county) Alabama (State or foreign country)

16. (a) Informant Lucy Boyd (Neice)
(b) Address 106 N. 22nd Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park, Ceme.

18. (a) Signature of funeral director Peoples Und. Co.
(b) Address 3100 Franklin Avenue

19. (a) JUL 9 1947 (Date received by registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 th day July year 1947 hour 1 minute 45 A: M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Strangulated Umbilical

Due to Hernia

Due to

Other conditions (Include pregnancy within 3 months of death) 122a

Major findings:
Of operations

Of autopsy

Duration

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? Means of injury 2

23. Signature Alfred Perry (M. D. or other)

Address Deputy Coroner Date signed 7/7/47

(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 John G. Bettus

Licensed Embalmer No. 4184

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.