S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 29424

FILED AUG 21 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7740

**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: Mother of Good Counsel Home 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4137 N. Taylor Ave. 9
(If rural, give location)

(e) Citizen of foreign country? 10 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Nellie Theresa Reader

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 Widowed

6. (b) Name of husband or wife George C. Reader

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

7. Birth date of deceased December (Month) 18 (Day) 1873 (Year)

8. AGE: Years 73 Months 7 Days 24 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Murphy
13. Birthplace (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Bridget Murphy
15. Birthplace New Orleans (City, town, or county) Louisiana (State or foreign country) 1

16. (a) Informant Helen T. Reader
(b) Address 4337 Maryland Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/16/47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stroot-Carroll
(b) Address 4600 Natural Bridge Ave.

19. (a) AUG 14 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug. day 12
year 1947 hour 11 minute P M.

21. I hereby certify that I attended the deceased from Aug-1St 1946, 19 to Aug-8th 1947
that I last saw her alive on Aug-8th-1947. 19
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral apoplexy left. Hemiplegia Rt.

Due to Myo-carditis. Block heart. Hypertension 200/100

Due to Arterio sclerosis Arthritis- all large joints.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Nasal tub feeding since entering home of the incurables.

Of autopsy No.

Duration: before entering home

PHYSICIAN: Underline the cause of 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 0

23. Signature Luke B. Turnbull (M. D. or other)

Address 3734- Jennings Road Date signed 8-13-47

Jefferson City Printing Co.

(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 Ben C. Hoffman

Licensed Embalmer No. 4366

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.**