

FILED DEC 8 1947

Registration District No. 377

Primary Registration District No. 6076

2497

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Berkeley
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jackson At Wabash Streets,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Elizabeth Nagle

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

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

6. (b) Name of husband or wife Emery A. Nagle 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Aug. 25, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 3 7 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business SEB

12. Name Daniel Kelly

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

14. Maiden name Unknown Hasten

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

16. (a) Informant Mrs. Alfred Aubuchon.

(b) Address Florissant, Mo.

17. (a) Burial (b) Date thereof 12/4/47.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Ferdinand Cemetery

18. (a) Signature of funeral director White Funeral Home

(b) Address Ferguson, Mo

19. (a) 12-4-47 (b) Coulter Sharp MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2
year 1947 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from Feb.
1947 to Dec. 2 1947;
that I last saw her alive on 1st December 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma
head of pancreas with
metastases. Duration mos.

Due to _____
Due to 46g

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Carcinoma head of
Of operations pancreas.
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)
(e) Means of injury _____

23. Signature Joseph D. July (M. D. or other) MD
Address 9 S. Florissant Ferguson Date signed 12/3/47

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..... *L. M. White*

Licensed Embalmer No. *3972*

P. O. Address..... *Jerguson, Ga*

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.