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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 9 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 31317

Registrar's No. 8560

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: City State Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) about 20 yrs. In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3946 Fairfax Ave. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ethel Nuckolls

3. (b) If veteran, name war No

3. (c) Social Security No. Not any

4. Sex Femal

5. Color or race Negro

6. (a) Single, widowed, married, divorced Seprated

6. (b) Name of husband or wife

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

7. Birth date of deceased September (Month) 1897. (Day) (Year)

Years	Months	Days	If less than one day
about 51. 1897			hr. min.

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

10. Usual occupation House wife.

11. Industry or business

MOTHER FATHER

12. Name Ned Nuckolls

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

14. Maiden name Dona Gurthrie

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

16. (a) Informant Mrs. Nellie Gordon.

(b) Address 3946a Fairfax Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-4-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Moran Adams

(b) Address 3849 Lindenwood Place

19. (a) OCT 1 1948 (Date received by local registrar) (b) J. F. Bradley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29th year 1948 hour 1:40 minute P. M.

21. I hereby certify that I attended the deceased from 5-1-1945, 19 to Sept., 29, 1948 that I last saw her alive on Sept., 29, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of the Cervix	1 yrx.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations

Of autopsy No.

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? (e) Means of injury

23. Signature Jack R. Eidelman (M. D. or other)

Address 5400 Arsenal St Date signed 9/29/48

(Licensed Embalmer's Statement on Reverse Side)

APR 28 1949

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 F. A. Green

Licensed Embalmer No. 2963

P. O. Address #214 Delman

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.