

FILED MAY 1- 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14242  
Registrar's No. 3691

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis, MO</i>		b. COUNTY <i>Missouri</i>	
c. LENGTH OF STAY (in this place) <i>2 1/2 yrs</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>2729<sup>a</sup> Lawton</i>		d. STREET ADDRESS (If rural, give location) <i>2729<sup>a</sup> Lawton Blvd</i>	

3. NAME OF DECEASED (Type or Print) <i>Mrs Nancy</i>		a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)		
<i>Everett</i>		<i>4</i>		<i>15</i>		<i>52</i>				
5. SEX <i>F</i>	6. COLOR OR RACE <i>Col</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>8-1-1891</i>		9. AGE (In years last birthday) <i>60</i>		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Work</i>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <i>Rose Hill Miss</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>	

13a. FATHER'S NAME <i>Unknown</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Widow</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Ruth Snell 2729<sup>a</sup> Lawton</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Congestive Heart Failure</i>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>Hypertension</i>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____					
		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <i>443X</i>			

22. I hereby certify that I attended the deceased from *Mar 1*, 19*52*, to *April 15*, 19*52*, that I last saw the deceased alive on *4/15*, 19*52*, and that death occurred at *6 P* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Walter A. Young MD</i>		23b. ADDRESS <i>8337 Market</i>		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>n</i>		24b. DATE <i>4-21-52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Greenwood</i>		24d. LOCATION (City, town, or county) (State) <i>St Louis MO</i>	
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DATE REC'D BY LOCAL REG. <i>APR 19 1952</i>		REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Gus Lonce 2930 Dickson St</i>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Arthur L. Hubbard.....

Licensed Embalmer No. 4221.....

P. O. Address 4524 Aldene.....

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.