N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REC'D AUG 12 1938

Do not use this space: 23698 6392

Registration District No. 791

Primary Registration District No. 1003

Registered No.

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis, Missouri (d) Street No. City Sanitarium St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 75 yrs. 8 mos. 15 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lillie Nemours 5L2
(a) Residence, No. 3919 Page Ave. St. 11
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10-31-1862

7. AGE: Years 75 | Months 8 | Days 15 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Nurse girl
9. Industry or business in which work was done, as saw mill, bank, etc.: Nurse girl
10. Date deceased last worked at this occupation (month and year): Nil
11. Total time (years) spent in this occupation: 20 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri 0 N

FATHER
13. NAME: John P. Nemours
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Paris France 0

MOTHER
15. MAIDEN NAME: Margaret Schaefer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri

17. INFORMANT (ADDRESS): A. K. Busch M. D. 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Zion DATE 7/19/38, 19

19. FUNERAL DIRECTOR (NAME) Edith E. Ambruster (ADDRESS) 4234 Manchester

20. FILED JUL 17 1938 J. H. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-16-38, 19

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938, 19, to 7-16-38, 19
I last saw him alive on 7-16-38, 19. Death is said to have occurred on the date stated above, at 8:00 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suppurative Nephritis, cause unknown	7-15-38
133a	
Other contributory causes of importance:	
General Arterioscelrosis	7-1-38-x
Pulmonary Edema	7-15-38

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. K. Busch, M. D.
(Address) City Sanitarium

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 Howard T. Rowland

Licensed Embalmer No. 2114

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.