

REC'D FEB 10 1938

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

677
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis Mo!** (d) Street No. **City Hospital** St. **677**
(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 yrs. mos. da. (f) How long in U. St., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

2070 NELLIE BOUSEY
(a) Residence, No. **1119 W. Walton Av.** St. **12** (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 **L**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 24 - 1870**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
68 1 27

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

FATHER
13. NAME **Robert Boussey**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

MOTHER
15. MAIDEN NAME **Mary Stone**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

17. INFORMANT (ADDRESS) **Mary Martin 1119 Walton**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Oak Grove** (DATE) **Jan. 23, 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Dickinson, H. 1905 Main Street**

20. FILED **Jan 23, 1939** **J. F. Brede** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/21, 1939**

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at **58** m.

The principal cause of death and related causes of importance were as follows:

General Peritonitis following Laparotomy (Non Traumatic)

Other contributory causes of importance: **on Jan 8 - 1939 at City Hospital for intestinal obstruction**

Jan - 8 - 1939 (Mexico)

Name of operation Date of **Yes**
What best 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? **No**

If so, specify (Signed) **Joseph W. Quinn**

(Address) **Deputy Coroner**

Tom Block signed

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.