

REC'D SEP 14 1939

791
1003

Primary Registration District No. _____

Registrar's No. **6846**

1. PLACE OF DEATH:

(a) County _____ 1
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Peoples Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6-24 to 8-4
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____ 1
(c) City or town St. Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No. 2526 N. Newstead Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Martha A. Nevins **152**

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

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

6. (b) Name of husband or wife J. Nevins 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased March 24 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>4</u>	<u>10</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Alexander Childress 1

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

14. Maiden name Elizabeth Butler

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

16. (a) Informant's own signature Thomas J. Nevins

(b) Address 2526 N. Newstead

17. (a) Burial (b) Date thereof Aug. 7, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Russell Untd. Co.

(b) Address 2732 Pine Street

19. (a) AUG 6 1939 (b) J. P. Budick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day Aug 4
year 1939 hour 4:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from June 21, 1939, to Aug 4, 1939, that I last saw h. lx alive on Aug 4, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death Uræmia Duration _____

Due to Pyelonephritis probably stone caused ureteral obstruction

Due to Uræmia

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

Major findings: Of operations 134

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) Months of injury _____

23. Signature W. P. Curtis (M. D. or other) _____

Address 11 N. Jefferson Date signed 8-6

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

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 Joel Russell

Licensed Embalmer No. 4112

P. O. Address 2732 Pine Street

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.