

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **8235**

REGD OCT 14 1939 791

Registration District No. **1008**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis.
(b) City or town St. Louis.
(c) Name of hospital or institution: 3849 A Juniata St.
(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)

3. (a) PRINT FULL NAME May Nellis
3. (b) If veteran, name war _____ 3. (c) Social Security No. 424

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 8. 1846
(Month) (Day) (Year)

8. AGE: Years 93 Months 6 Days 16 If less than one day hr. _____ min. _____

9. Birthplace New York City (City, town, or county) (State or foreign country)
At Home

10. Usual occupation Housewife

11. Industry or business _____
12. Name William Kelly
13. Birthplace Scotland (City, town, or county) (State or foreign country)
14. Maiden name Unknown (City, town, or county) (State or foreign country)
15. Birthplace France (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Amy Ford
(b) Address 3849 A Juniata St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 26/39 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Thordutis
(b) Address 2906 Gravois Ave.

19. (a) SEP 25 1939 (Date received local registrar) (b) Signature J. F. [illegible] (Licensed Embalmer's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis. (If outside city or town limits, write "RURAL") **16**
(d) Street No. 3849 A Juniata St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24 year 1939 hour 3 15 P M _____ M.

21. I hereby certify that I attended the deceased from Feb 13 1939 to Sept 24 1939
that I last saw her alive on Sept. 23 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of rectum Duration 2 years

Due to _____
Due to _____

Other conditions Arterio Sclerosis
(include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy None

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) Means of injury _____

23. Signature P. H. [illegible] (M. D. or other) _____
Address Missouri [illegible] Date signed 9/25/39

WHITE LEAD INK—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.

Dr. Herschenroder
Metropolitan Police
1-3

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.....

THOS. KUTIS.

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....
Thos. Kutis

Licensed Embalmer No. 1619

P. O. Address 2906 Gravais Ave.

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.