DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 13 1939

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38347

Primary Registration District No.

Registrar's No. 10186

1. PLACE OF DEATH:
(a) County St. Louis Missouri
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 yrs. 5 mos. 12 days (Specify whether years, months or days)
In this community 25 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2828 N. 14th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Nora Kingslan
3. (b) If veteran, name war No
3. (c) Social Security No. Unknown

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George Kingslan
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Dec. 22, 1885 (Month) (Day) (Year)

8. AGE: Years 53yrs. Months 11 Days - If less than one day hr. min.

9. Birthplace Louisville, Ky. (City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER 12. Name Richard Puggett
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Carrie Nevins
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Peter Jandt
(b) Address 5400 Arsenal St
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-29-39 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY
18. (a) Signature of funeral director Bullen & Kelly
(b) Address 1416 N. Taylor ave
19. (a) NOV 29 1939 (Date received by local registrar) (b) J. F. Bredell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22 year 1939 hour 7:10 minute P. M.
21. I hereby certify that I attended the deceased from 7-1-39, 19..., to Nov 22, 1939 that I last saw her alive on Nov/22, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Old Rheumatic Heart Disease with Auricular Fibrillation &	
Due to Mitral Stenosis 7-1-39x	
Due to Syphilis 7-1-39x	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Yes	

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 R. H. Grove (M. D. or other) M.D.
Address 5400 Arsenal Date signed 11/27/39

(Licensed Embalmer's Statement on Reverse Side)

WHITE PLAINLY—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~~ Raymond E. Gehrke, Registered Apprentice No. ____ working under my personal supervision.

Signed Raymond E. Gehrke

Licensed Embalmer No. 3985

P. O. Address St Louis, Mo

City license #180

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.