APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8744

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2227

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4937 Laclede Ave. 2 (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) In this community 92 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis, 12 (If outside city or town limits, write "RURAL")

(d) Street No. 4937 Laclede Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Nette Nidelet.

3. (b) If veteran, name war

3. (c) Social Security No.

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

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 14 (Day), 1847 (Year)

8. AGE: Years 92 Months 11 Days 20 If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business

FATHER 12. Name Robert Renick.

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

MOTHER 14. Maiden name Anna Pike.

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

16. (a) Informant's own signature Mrs Mary Rozier

(b) Address 4937 Laclede Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 6, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) MAR 5 1940 (Date received local registrar) (b) [illegible] (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th. year 1940 hour 4 minute 16 P.M.

21. I hereby certify that I attended the deceased from Feb 15, 1940 to March 4, 1940 that I last saw her alive on March 4, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Colitis	5 day
Due to La Grippe	3 wk
Due to	
Other conditions Senile changes (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph Davis (M. D. or other)

Address Century Bldg Date signed 3-5-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

50M-5-17-39 Rev. 5-17-39 X19911

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 W H Van Metre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.