DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8945

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2428

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 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 14 (If outside city or town limits, write "RURAL")

(d) Street No. 5246 Chippewa st. (If rural, give location)

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

3. (a) PRINT FULL NAME Jane Harrison Nall

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 14 (Day) 1935 (Year)

8. AGE: Years 4 Months 8 Days 28 If less than one day hr. min.

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

10. Usual occupation Child

11. Industry or business

MOTHER FATHER

12. Name Carol T. Nall

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

14. Maiden name Geraldine Rohrer

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

16. (a) Informant's own signature Carol T. Nall

(b) Address 5246 Chippewa st.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 15, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Bourbon Cem. Bun. Co. Bun. Pk

18. (a) Signature of funeral director C. Hoffmeister U-L Co.

(b) Address 7814 S. Broadway

19. (a) MAR 13 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th year 1940 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Crushed & Killed suffered when run over

Due to by Mack Truck Truck

Due to driven by one Douglas Jones in front of house

Other conditions (Include pregnancy within 3 months of death) 5222 Chippewa st.

Major findings: Of operations 6:30 P.M. 3/12/40

Of autopsy Accident

Death

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) Accident

(b) Date of occurrence 3/12/40

(c) Where did injury occur? Busen Place (City or town) St. Louis (County) Mo. (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 Auto

23. Signature Alfred Barry (M. D. or other)

Address Deputy Coroner Date signed 3-13-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE 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.

Rev. 8-17-39

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 Edwin H. Lubinger

Licensed Embalmer No. 4049

P. O. Address 6464 Chippewa

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.