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No. 2
11-10-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

12832

State File No.

FILED MAY 15 1940 Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3034

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: City Hospital, #1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 Days (Specify whether

In this community 55 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ST LOUIS (If outside city or town limits write "RURAL") 2

(d) Street No. 6809 Morganford Rd (If rural, give location)

(e) If foreign born, how long in U. S. A.? 55 years.

3. (a) PRINT FULL NAME Kate Nestle 234

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 MARRIED

6. (b) Name of husband or wife Emil Otto

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased ABOUT (Month) 1872 (Day) (Year)

8. AGE: Years ABOUT 67 | Months — | Days — | If less than one day hr. min.

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

10. Usual occupation AT HOME

11. Industry or business HOUSEWIFE

FATHER
12. Name WILLIAM LYNCH
13. Birthplace IRELAND (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name KATE RILEY
15. Birthplace IRELAND (City, town, or county) (State or foreign country)

16. (a) Informant KATE MICHEL

(b) Address 6809 MORGANFORD RD

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Apr 2. 1940 (Month) (Day) (Year)

(c) Place: burial or cremation NEW SS PETER & PAUL

18. (a) Signature of funeral director Thorkutis

(b) Address 2906 Gravois

19. (a) APR 1 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30, year 1940 hour 3:00 minute P/ M.

21. I hereby certify that I attended the deceased from March 17, 1940 to March 30, 1940 that I last saw him alive on March 30, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Metastatic Carcinoma of Brain	
Due to Carcinoma of Breast	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

50

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 [signature] MD (M. D. or other)

Address 1515 Lafayette Date signed 4/1/40

(Licensed Embalmer's Statement on Reverse Side)

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 Leo Budde, Registered Apprentice No. _____, working under my personal supervision.

Signed Leo Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis, Mo.

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.