

AUG 25 1940

STANDARD CERTIFICATE OF DEATH

State File No. _____

23435

Registrar's No. _____

5880

Registration District No. 791Primary Registration District No. 1003

1. PLACE OF DEATH:

- (a) County 1
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 Days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Nellie Francis Mackin 250

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 James Mackin 6. (c) Age of husband or wife if alive 73 years7. Birth date of deceased October 5, 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>9</u>	<u>6</u>	hr. min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas E Collins13. Birthplace Ireland
(City, town, or county) (State or foreign country)14. Maiden name Nora Keele
(City, town, or county) (State or foreign country)15. Birthplace Ireland
(City, town, or county) (State or foreign country)16. (a) Informant's own signature James Mackin(b) Address 4065 Flad Ave17. (a) Burial (b) Date thereof July 15 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Peetz Brothers(b) Address 3029 Lafayette Ave19. (a) Jul 12 1940 (b) J. F. Bredek
(Date received local registrar) (Registrar'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")
(d) Street No. 4065 Flad Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11th day July
year 1940 hour 1:30 minute P. M.21. I hereby certify that I attended the deceased from June 8, 1940, to July 11, 1940;
that I last saw her alive on July 11, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death

Ruptured abscess of liver
Ch. Myocarditis
Due to Acute Appendicitis

Duration

3 days
years
33 days

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Acute Appendicitis

Of autopsy _____

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)
(c) Means of injury _____

23. Signature Edmond Bennett (M. D. or other)
Address 1504 So Grand Blv Date signed 7-12-40

Dr. Bennett
1104 A. Bennett
Box 2458

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..... *Frank J. Dumas*
Licensed Embalmer No..... *2245*
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.