

791

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Infirmary.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution August 13, 1931
Life. (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Nancy Wilson
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Frederick 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased X X 1851
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 X X _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business X

12. Name Unknown Isaac VanDale
 13. Birthplace Holland
 (City, town, or county) (State or foreign country)
 14. Maiden name Susana Johnson
 15. Birthplace Holland
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature G. Molony
 (b) Address 5800 Arsenal St.

17. (a) Burial (b) Date thereof 9/30/40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Chas. Leon Funeral Home
 (b) Address 4911 Washington Bl.

19. (a) SEP 29 1940 (b) _____
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis.
St. Louis.
 (c) City or town _____
 (If outside city or town limits, write "RURAL")
5800 Arsenal St.
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? St. Louis, Mo. _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month September day 28,
 year 1940. hour 4:20 minute a. M.

21. I hereby certify that I attended the deceased from August 13,
1931 to September 28, 1940
 that I last saw her alive on September 28, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarct
Proximal
 Due to arteriosclerosis
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 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 Geo. S. Byrd (M. D. or other) _____
 Address _____ Date signed _____

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Thomas J. Fenwick

Licensed Embalmer No. 3793

P. O. Address Howe, Ill

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.