

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

65233124
State File No.

Registration District No. 784

Primary Registration District No. 109

Registrar's No. 1833

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2625 Oakview
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 2625 Oakview 3100 WALTER AV.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Aletha J. Nance

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 Widowed
6. (b) Name of husband or wife Leander M. Nance 6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased August 1, 1854
(Month) (Day) (Year)

8. AGE: Years 86 Months 1 Days 26 If less than one day hr. _____ min. _____

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

10. Usual occupation At home 9

11. Industry or business _____ 9

MOTHER FATHER { 12. Name Alex Smith
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Maria F. Lincecum
(City, town, or county) (State or foreign country)
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant L. H. Nance
(b) Address 3100 Walter Av.

17. (a) Cremation (b) Date thereof Sept. 30, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director M. J. Croghan
(b) Address 7146 Manchester

19. (a) SEP 29 1940 (b) T. B. Meyer, M.D., D.P.H.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27th
year 1940 hour 10:30pm minute _____ M.

21. I hereby certify that I attended the deceased from
Sept 27th, 1940, to _____, 1940;
that I last saw her alive on Sept 27th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia ?
(color)
Due to Ch. Cordis Vasculi Disease ?
Due to Senility ?
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations no 105
Of autopsy no

Duration _____
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? _____

23. Signature Harold C. ... (Specify type of place) _____
While at work? _____ (e) Means of injury _____
Address 2816 S. ... (M. D. or other) _____
Date signed 9/29/40

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

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: *Francis A. Williamson*

Licensed Embalmer No. *3565*

P. O. Address *7146 Manchester*

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, fact should be so stated above.