

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.

Registration District No. 704 Primary Registration District No. 200

1. PLACE OF DEATH:  
(a) County ST. LOUIS  
(b) City or town JENNINGS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
8348 STRATHMORE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 4 years (Specify whether)  
years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME SALLIE P. MARCEE  
8. (b) If veteran, name war ✓ 8. (c) Social Security No. ✓

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOW  
6. (b) Name of husband or wife WESTER E. MARCEE 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased OLT 6 1877  
(Month) (Day) (Year)

8. AGE: Years 63 Months 2 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation PRIVATE NURSE

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name COLUMBUS JOHNSON  
13. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Miss R. W. Johnson  
(b) Address 1418 Mississippi ave

17. (a) REMOVAL (b) Date thereof DEC. 26, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation NASHVILLE, TENN

18. (a) Signature of funeral director L. B. Tanner  
(b) Address 6107 Natural Bridge Rd

19. (a) DEC 25 1940 (b) T. R. ...  
(Date received local registrar) (registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County ST. LOUIS  
(c) City or town JENNINGS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8348 STRATHMORE  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 23  
year 1940 hour 6 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from 1937  
\_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_  
that I last saw him alive on Sept 25 \_\_\_\_\_ 1940:  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure Duration 2 yrs

Due to Myocardial degeneration 5 yrs

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) (e) Means of injury \_\_\_\_\_

23. Signature R. T. B. Barnett (M. D. or other) \_\_\_\_\_  
Address 5427 Delmar Date signed 12-24-40

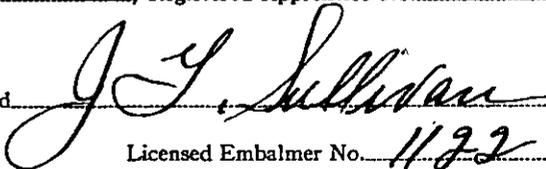
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**STATEMENT BY LICENSED EMBALMER**

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 .....

Licensed Embalmer No. 1172.....

P. O. Address.....

**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.**