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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8582

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 1992

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

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2315 Sulphur Ave. / (If not in hospital or institution, write street number or location)

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

In this community 10 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 317

(d) Street No. 2315 Sulphur Avenue (If rural, give location) 9

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME NANNIE D. JOHNS

3. (b) If veteran, name war NO.

3. (c) Social Security No. NO.

4. Sex / FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife THOMAS

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

7. Birth date of deceased JUNE (Month) 20, (Day) 1859 (Year)

8. AGE: Years 81 Months 8 Days 11 If less than one day hr. min.

9. Birthplace JONESBORO, / (City, town, or county) ILLINOIS (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER 12. Name JAMES A. COOMES

13. Birthplace / (City, town, or county) KENTUCKY (State or foreign country)

MOTHER 14. Maiden name NANCY MERCER

15. Birthplace / (City, town, or county) KENTUCKY (State or foreign country)

16. (a) Informant MRS. MAGGIE WARD

(b) Address 2315 SULPHUR AVE.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3/4/41 (Month) (Day) (Year)

(c) Place: burial or cremation JONESBORO, ILL.

18. (a) Signature of funeral director OSCAR J. HOFFMEISTER

(b) Address 4016 Chippewa St.

19. (a) MAR 3 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day I year 1941 hour 9 minute 15 a. M.

21. I hereby certify that I attended the deceased from Jan. - 1940, 19, to Feb. 28, 1941; that I last saw he alive on March 1, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremic convulsions	2/28/41
Due to:	
Due to: Chronic Interstitial Nephritis	1/4/40
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature P. Demerick Jr. (M. D. or other)

Address 6260 Columbia Date signed 3/2/41

(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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Ernest W. Spillars

Licensed Embalmer No. 4080

P. O. Address 2747 Dunnic

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.