

Registration District No. 701

Primary Registration District No. _____

Registrar's No. _____

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:
1214 North 8th. St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Nora Bevirt

3. (b) If veteran, name war ----- 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Henry H. Bevirt 6. (c) Age of husband or wife if alive 7 years

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

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>11</u>	<u>10</u>	hr. _____ min. _____

9. Birthplace East St. Louis, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

MOTHER { 12. Name John Welsch

13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Gibson

15. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Bessie Jones

(b) Address 1214 N. 8th. St. St. Louis, Mo.

17. (a) Removal (b) Date thereof 4/18/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belleville

18. (a) Signature of funeral director Joe Laerdner

(b) Address Belleville, Illinois

19. (a) APR 18 1941 (b) J. W. Bredeck
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1214 N. 8th.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
 year 1941 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from April 15, 1941, to April 17, 1941
 that I last saw her alive on April 17, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 3 days
 Due to Septic Changes

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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 0

23. Signature Joseph Navil (M. D. or other) _____
 Address Century Bldg Date signed 4-18-41

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

Rev. 5-17-39

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

Signed Ben H. Baldwin
Licensed Embalmer No. 2420
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.