

FILED MAR 17 1942 2791

1003

1792

Registration District No. _____

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.....
Stones Nursing Home 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 1 year
(Specify whether
In this community..... 7 1/2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... St. Louis
(c) City or town..... Vinita Park
(If outside city or town limits, write "RURAL")
(d) Street No. 8006 Washington
(If rural, give location)
(e) Citizen of foreign country?..... / (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Nellie Kooreman

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..... Thomas 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... June 27 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 7 29 hr. min.

9. Birthplace..... Ackley Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation..... Housework

MOTHER FATHER

11. Industry or business.....
12. Name..... Unknown
13. Birthplace..... Holland
(City, town, or county) (State or foreign country)
14. Maiden name..... Unknown
15. Birthplace..... Holland
(City, town, or county) (State or foreign country)

16. (a) Informant..... Edith H. Brannon
(b) Address..... Lafayette, Indiana
17. (a) removal (b) Date thereof..... 2--27--1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Alton, Iowa
18. (a) Signature of funeral director..... Kenneth Koch
(b) Address..... Fenton Mo
19. (a) FEB 26 1942 J. F. Biedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26
year 1942 hour 10:48 minute 0 A. M.
21. I hereby certify that I attended the deceased from.....
1931, to 2-26, 1942
that I last saw her alive on 2-25-42, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Hemiplegia (Left) 4 days
Due to..... Cerebral Hemorrhage
Due to..... Senility
Other conditions..... Diabetes Mellitus
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations.....
Of autopsy..... None
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..... B. A. Marumilk (M. D. or other).....
Address..... 2117th St Date signed..... 2/26/42

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 *Howard F. Rawland*
Licensed Embalmer No. *3114*

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, fact should be so stated above.