

FILED APR 8 1942

State File No.

2244

Registration District No. 191

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infirmery
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution 24 hrs.
In this community life (Specify whether 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")
(d) Street No. 1410 Hogan St. (If rural, give location)
(e) Citizen of foreign country? American (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Nellie Harvey

3. (b) If veteran, name war. (c) Social Security No.

4. Sex female 5. Color or race white 6. (e) Single, widowed, married, divorced, Separated

6. (b) Name of husband or wife (c) (e) Age of husband or wife if alive ? years

7. Birth date of deceased 1-25-1870
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 17 If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business none

12. Name Michael Walsh

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

14. Maiden name Mary Talfee (State or foreign country)

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

16. (a) Informant Catherine Hannon

(b) Address 5800 Arsenal St.

17. (a) BURIAL (b) Date thereof 3-12-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY SULLIVAN BRO

18. (a) Signature of general director 2849 N. Euclid Ave

(b) Address J. F. Bredeck

19. (a) MAR 11 1942 (b) J. F. Bredeck
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th
year 1942 hour 9:05 minute A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death probable Cerebral Thrombosis Duration _____

Due to Hypertensive cardio-vascular disease

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
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 _____
23. Signature Loren Blaney (M. D. or other) MD
Address 5800 Arsenal Date signed 3/10/42

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

70-5911

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 *Albert Mayfield*

Licensed Embalmer No. *3077*

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.