. S. No. 2
M—1-4-41
ev. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16398

FILED JUN 2 1942

Registration District No. 791

Primary Registration District No. 1002

Registrar's No. 4548

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 40 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 21

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2631A Thomas St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Nettie Mc Corkle

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 3

5. Color or race Col.

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

6. (b) Name of husband or wife Clinton

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased April (Month) 2 2 (Day) 1889 (Year)

8. AGE:

Years	Months	Days	If less than one day
53	1	0	hr. min.

9. Birthplace Evansville, Ind. (City, town, or county) 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Linzell Marshall
13. Birthplace Unknow (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Lucy T Tood
15. Birthplace Unknow (City, town, or county) 4 (State or foreign country)

16. (a) Informant Clinton Mc Corkle
(b) Address 2631 Thomas St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Dement & Son
(b) Address 2629-31 Cole St.

19. (a) MAY 26 1942 (Date received local registrar) (b) J. F. Bridek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 22 day
year 1942 hour 11.10 minute P M.

21. I hereby certify that I attended the deceased from May 20, 1942 to May 22, 1942;
that I last saw her alive on May 27, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death —
Cerebral apoplexy

Due to

Due to Arteriosclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 W. A. Young (M. D. or other)
Address 2316 Market Date signed 5/25/42

(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 .....

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

working under my personal supervision.

Signed William Claude Gordo

Licensed Embalmer No. 3489

P. O. Address 2649 Delmar

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.