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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 2 1943

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 364

Registrar's No. 790

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

(d) Length of stay: In hospital or institution 46 days (Specify whether
In this community 40 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St Louis 9 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1349 N Leffingwell
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Nellie Holcomb

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race Col 3

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife James

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased April (Month) 4 (Day) 1895 (Year)

8. AGE: Years 47 Months 9 Days 17 If less than one day hr. min.

9. Birthplace Knoxville (City, town, or county) Tenn 1 (State or foreign country)

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER

12. Name Thomas Butler

13. Birthplace Lagrange (City, town, or county) Ga 1 (State or foreign country)

14. Maiden name Mattie

15. Birthplace Lagrange (City, town, or county) Ga 1 (State or foreign country)

16. (a) Informant Jackie Holcomb

(b) Address 1349 N Leffingwell ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-25-43 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Kindle & Son

(b) Address 3133 Bacon ave

19. (a) JAN 26 1943 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21 year 1943 hour 2 minute 20 A.M.

21. I hereby certify that I attended the deceased from December 7, 1942 to January 21, 1943 that I last saw her alive on January 21, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive Heart Disease with Decompensation	Unknown
Due to	
Due to	
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 S. E. Smith (M. D. or other)

Address 2601 N. Whittier Date signed 1-21-43

(Licensed Embalmer's Statement on Reverse Side)

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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 Blank Young

Licensed Embalmer No. 3371

P. O. Address St Louis.

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.