

FILED MAR 4 1943
 318

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:
 (a) County **St. Louis mo**
 (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:
2718 Wayton St
(If not in hospital or institution, write street number or location)
 (d) Length of stay: **3 months** (Specify whether
 In this community _____ years, months or days)

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. **2718 Wayton St.**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **NANCY Joy**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Feb** day **16th**
 year _____ 4 hour **6** minute **A.** M.

4. Sex **Female** 5. Color or race **negro**
 6. (a) Single, widowed, married, divorced **Widow**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased **may 16 1892**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
JANUARY 5 19**43** to **FEBRUARY 16** 19**43**
 that I last saw her alive on **February 9** 19**43**
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
50 9 0 hr. min.

Immediate cause of death **Chronic Interstitial Nephritis** Duration **2 years**

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

Due to _____
 Due to **1/21**

10. Usual occupation **Domestic**

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

MOTHER FATHER }
 11. Industry or business _____
 12. Name **JAMES Willis**
 13. Birthplace **Mississippi**
(City, town, or county) (State or foreign country)
 14. Maiden name **GLARA Hough**
 15. Birthplace **Mississippi**
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Clara Williams**
 (b) Address **2718 Wayton St**

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)
 Means of injury _____

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Feb 20 43**
(Month) (Day) (Year)
 (c) Place: burial or cremation **Washington Park**
 18. (a) Signature of funeral director **Atkins Bros**
 (b) Address **3644 E. Emory Ave**
 19. (a) **FEB 18 1943** (Date received local registrar) (b) **W. H. G. Clark** (Registrar's signature)

23. Signature **W. H. G. Clark** (M.D. or certifying)
 Address **2748 Franklin Ave** Date signed **2/17/43**

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:

Louis V. Atkinson

Licensed Embalmer No. *2842*

P. O. Address *3644 Finney*

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.