

No. 1
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 20 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

8090
State File No. _____
Registrar's No. **2363**

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St. Louis.
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2500 S. 18th St. / 1 year +
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
If this community _____ (Specify whether _____)
years, months or days

3. (c) PRINT FULL NAME Nancy Ann Biggs.
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, widowed, married, divorced, <u>Widow.</u>
6. (b) Name of husband or wife _____	6. (c) Age of husband or wife if alive _____ years	
7. Birth date of deceased: <u>Dec. 6, 1871</u> (Month) (Day) (Year)		

8. AGE: Years 71 Months 3 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework.

11. Industry or business _____

MOTHER FATHER
12. Name John Harris.
13. Birthplace Unknown. (City, town, or county) (State or foreign country)
14. Maiden name Mary Unknown.
15. Birthplace Unknown. (City, town, or county) (State or foreign country)

16. (a) Informant Myrtle Sewell
(b) Address 3193a, Portis Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 11, 43 (Month) (Day) (Year)
(c) Place: burial or cremation St. James Missouri.

18. (a) Signature of funeral director Robert J. Prebau
(b) Address 1431 Union Blvd.

19. (a) MAR 11 1943 (Date received local registrar) (b) J. F. Brudeck (Registrar's signature)

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. 2500 S. 18th St. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 9th year 1943 hour 1 minute 30 p. M.
21. I hereby certify that I attended the deceased from Feb. 25th 1943 to March 9th 1943
that I last saw her alive on March 9th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation Duration 3 days

Due to Chronic Cardiac Hypertrophy Disease + Chronic Cardiac
Due to Valvular Disease

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

Major findings: Of operations _____ Of autopsy _____

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 Paul B. Webb (M. D. or other) MD
Address 1920 Sidney St Date signed 3/10/43

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

*See West
to Ann 1259*

3467211

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 *John Ketter*.....
Licensed Embalmer No. *3880*.....
P. O. Address.....

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.