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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **3856**

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

MAILED MAY 3 1943
318

Registration District No. _____

Primary Registration District No. **1003**

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:
2840 Lemp Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
924

(d) Street No. 2840 Lemp Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME NANCY MILANDA BROCK

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Walter 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased March 31st 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>0</u>	<u>24</u>	____ hr. ____ min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Brently Deaton

13. Birthplace No. Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Lavina Beatty

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

16. (a) Informant Elizabeth Chott

(b) Address Kirkwood, Mo R. R. 12

17. (a) Burial (b) Date thereof Apr. 27, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Clair, Mo.

18. (a) Signature of funeral director A. H. McLaughlin

(b) Address 2301 Lafayette Ave.

19. (a) APR 23 1943 (b) J. F. Busch
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th
year 1943 hour 3 minute 50 a.m.

21. I hereby certify that I attended the deceased from about March 1st
1943, to April 25th, 1943
that I last saw her alive on April 25th, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration 2 days

Due to Chronic Myocardial Disease
Due to and Arterio Sclerosis

Other conditions 93
(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?

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature Paul B. Webb (M. D. or other) MD
Address 1915 Sidney Date signed 4/26/43

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.....

L.R. Cooper

Licensed Embalmer No. *3635*

P. O. Address *2317 Lafayette*

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.