

FILED NOV 10 1943

Registration District No. **318**

Primary Registration District No. **1008**

Registrar's No. **9518**

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:
Juvenile Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 days
 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
 (c) City or town St. Louis 17
 (If outside city or town limits, write "RURAL") 96
 (d) Street No. 2840 Burd Ave.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME NITCHMAN, NELLIE

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

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

6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June 9th, 1894
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 4 19 hr. min.

9. Birthplace St. Louis Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Robert Magee
 { 13. Birthplace Missouri
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Ann Burton
 { 15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Charles D. Nitchman

(b) Address 2840 Burd Av.

17. (a) Burial (b) Date thereof Oct 30, 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan Bros.

(b) Address 2849 N. Euclid Ave.

19. (a) OCT 29 1943 (b) J. F. Buddeck
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28
 year 1943 hour 12 minute 25 A. M.

21. I hereby certify that I attended the deceased from July
 1943, to Oct 28, 1943

that I last saw him alive on Oct 27, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Not known.
(Autopsy not performed)
Probably pulmonary embolus

Due to Carcinoma of uterus 1 year
+ pyometria (??)

Due to _____

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

Major findings: Carcinoma of corpus
 Of operations: of uterus. Pyometria
 Of autopsy _____
 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)
 (e) Means of injury _____

23. Signature Bernie Alton Tamm (M. D. or other)
 Address Juvenile Hospital, St. Louis Date signed 10-28-43

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..... *Albert Mayfield*

Licensed Embalmer No..... *3077*

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.