

FILED DEC 13 1943

Primary Registration District No. **1003**

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:
3534 A Humphrey St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....

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

(d) Street No. **3534 A Humphrey**
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME **Florence K. Nuelle**

3. (b) If veteran, name war.....

3. (c) Social Security No. **None**

4. Sex **Female**

5. Color or race **White**

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

6. (b) Name of husband or wife **Frank P. Nuelle**

6. (c) Age of husband or wife if alive **45** years

7. Birth date of deceased **June 19 1904**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

39 5 10 hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business.....

MOTHER FATHER

12. Name **Herman H. Belcher**

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

14. Maiden name **Eliz. M. Belcher**

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

16. (a) Informant **Frank P. Nuelle**

(b) Address **3534 A Humphrey St.**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **12/2/43**
(Month) (Day) (Year)

(c) Place: burial or cremation **New SS. Peter & Paul**

18. (a) Signature of funeral director **J. F. Brubaker**

(b) Address **1905 South Grand St. Louis Mo.**

19. (a) **DEC 1 1943** (Date received local registrar)

J. F. Brubaker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV.** day **29**
year **1943** hour **4** minute **25 P.M.**

21. I hereby certify that I attended the deceased from **April 1st**
Apr 1 19**43** to **Nov 29** 19**43**
that I last saw her alive on **Nov 28** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Metastatic carcinoma of brain

Due to **Primary carcinoma of breast**

Due to **50**

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

Major findings: **Carcinoma breast**

Of operations **operations 1940**

Of autopsy **No**

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? **Cem.**

While at work?..... (Specify type of place)

(e) Means of injury **0**

23. Signature **J. G. Bernard** (M. D. or other)

Address **3115 So. Grand** Date signed **12/1/43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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: *William J. Hiron*
Licensed Embalmer No. *4319*
P. O. Address: *St Louis, Mo*

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.