

No. 2
-5-43
5-17-39
X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40220

State File No. _____
Registrar's No. 11275

FILED DEC 29 1943

Registration District No. 818 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town City of St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Firman Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 Years
years, months or days

3. (a) PRINT FULL NAME FLORENCE MC NULTY
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 29 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 8 16 hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER { 12. Name George Norvell
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Sherrell
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Rose Mc Nulty
(b) Address 3862 (rear) Bates Street

17. (a) Burial (b) Date thereof 12-17-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 So. Grand Blvd.

19. (a) DEC 17 1943 (Date received local registrar)
J. F. Bueck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 17
(c) City or town City of St. Louis 91
(If outside city or town limits, write "RURAL")
(d) Street No. 6213 Pennsylvania
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 14
year 43 hour 6 minute 20 P.M.
21. I hereby certify that I attended the deceased from 12-12
1943, to 12-14, 19 43
that I last saw her alive on 12-14, 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
Lobar Pneumonia 1WK

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 108

Major findings: Of operations _____
Of autopsy congestion of left lung, liver
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) (e) Means of injury _____
23. Signature G. O. Brown (M. D. or other) MD
Address 1325 S. Grand Date signed 12-15-43

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.....

Virgil L. Bergeman

.....
Licensed Embalmer No.....

4018

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.