

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1389

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
City Infirmery. 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Yrs, 8 Mo, 28 Dys.  
Life. (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 17 13  
(d) Street No. None Given, 5th Avenue (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country American, 0

3. (a) PRINT FULL NAME Nellie Biggio,

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 Married

6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased August 16 1872  
(Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 19  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation None

11. Industry or business \_\_\_\_\_

12. Name General Jackson,

13. Birthplace Unknown,  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Robinson,  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Emil Buchert

(b) Address 5800 Avenue St.

17. (a) BURIAL (b) Date thereof 2-14-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Bullant Kelly  
(b) Address 4386 Lindell Bl.

19. FEB 12 1944 (b) J.F. Brebeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6,  
year 1944 hour 2 minute 44 A.M.  
21. I hereby certify that I attended the deceased from March 15  
1943 to Feb. 6 1944  
that I last saw her alive on 2/6 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Perforation of L. ventricle  
Due to myocardial infarct } 4 weeks  
Due to coronary sclerosis } several years  
Other conditions Atherosclerosis  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy Perforated L. ventricle  
myocardial infarct, Atherosclerosis  
PHYSICIAN Underline the cause to which death should be ascribed 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 A. Gm. Goring (M.D. or other) M.D.  
Address 5800 Avenue Date signed 2/10/44

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

MOTHER FATHER

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**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 *Walter H. McQuinn, Jr.*

Licensed Embalmer No. 4361

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.**