

FILED MAR 6 1944
Registration District No. 317

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jennings
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Elms Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days
In this community ? years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Pine Lawn
(If outside city or town limits, write "RURAL")
(d) Street No. 4716 Edgewood Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Flora L. Nail

3. (b) If veteran, name war No

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 James H. Neil

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

7. Birth date of deceased February 2, 1862.
(Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 25 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

12. Name Joseph Young

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Inez Metz

(b) Address 4716 Edgewood Ave.

17. (a) Burial (b) Date thereof Mar. 1, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director CALVIN F. FEUTZ FUNERAL HOME

(b) Address 4828 Natural Bridge Blvd.

19. (a) MAR 1-1944 (b) E. S. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27th
year 1944 hour 11:35 minute P. M.

21. I hereby certify that I attended the deceased from 2/7
1944 to 2/27 1944
that I last saw h.e.r. alive on 2/27 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 1yr?

Due to ...
Due to ...

Other conditions arteriosclerosis 10yrs
(Include pregnancy within 3 months of death)

Major findings:

Of operations 938
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?

23. Signature Eugene P. Arnold (M. D. or other) M.D.
Address 1449 ... Date signed 2/29/44

1449 McFarlane
1-3 PM

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 John A. McFarlane

Licensed Embalmer No. 4186

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.