S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 27 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 9230

Registrar's No. 2497

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2mos. 20 days (Specify whether
In this community Indef.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 911
(If outside city or town limits, write "RURAL")

(d) Street No. 3678 Finney
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Jimmy Lee McNairy

3. (b) If veteran, name war

3. (c) Social Security No. 489-10-6005

4. Sex Male

5. Color or race 2 Col.

6. (a) Single, widowed, married, divorced 1 Married

6. (b) Name of husband or wife Luella Mc Nairy

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Aug. (Month) 16 (Day) 1894 (Year)

8. AGE: Years 49 Months ~~7~~ 6 Days 26 If less than one day hr. min.

9. Birthplace Aberdeen (City, town, or county) Miss. 1 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business American Car Foundry

FATHER
12. Name Bolden McNairy
13. Birthplace Aberdeen (City, town, or county) Miss. 1 (State or foreign country)

MOTHER
14. Maiden name Susie Hopkins
15. Birthplace Aberdeen (City, town, or county) Miss. 1 (State or foreign country)

16. (a) Informant Luella McNairy
(b) Address 3678 Finney

17. (a) Greenwood (Burial, cremation, or removal) (b) Date thereof 3-17-44 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director [signature]
(b) Address 3857 Page ave.

19. (a) MAR 14 1944 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12, year 1944 hour 1 minute 35 P. M.

21. I hereby certify that I attended the deceased from December 21, 1943, to March 12, 1944 that I last saw him alive on March 12, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Toxic Goitre Thyroidectomy abt. 1 — Duration 8mos.

Due to 13

Due to

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

Major findings:
Of operations 7 Lungs.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature G. M. Jackson (M. D. or other)
Address 2601 Whittier Date signed 3/14/44

(Licensed Embalmer's Statement on Reverse Side)

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 Angela Johnson

Licensed Embalmer No. 3522

P. O. Address 3506 Franklin

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.