

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 6 1944

Registration District No.

Primary Registration District No. 6273

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Front City, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Front City 3101 1/2 St. E. 3rd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 75 yrs. (Specify whether years, months or days)
In this community.

3. (a) PRINT FULL NAME

Laura B. Nail

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife. Marshall Nail 6. (c) Age of husband or wife if alive deceased deceased years 9
7. Birth date of deceased March (Month) (Day) (Year) 1853

8. AGE: Years Months Days If less than one day
85 11 23 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.

12. Name William B. Job

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

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

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

16. (a) Informant William Job

(b) Address Front City, Mo.

17. (a) Burial (b) Date thereof 3-4-44 (Month) (Day) (Year)

(c) Place: burial or cremation. Isaiah Can

18. (a) Signature of funeral director. J. C. Dwyer

(b) Address Front City, Mo.

19. (a) March 10-44 (b) Delores Scadden (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County North
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Front City (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 1 year 1944 hour 3 minute 1 A.M.

21. I hereby certify that I attended the deceased from Feb 13 1944 to 3-1 1944
that I last saw her alive on 2-29 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Duration 14 days

Due to. ✓

Due to. ✓

Other conditions. ✓ (Include pregnancy within 3 months of death)
Major findings: ✓
Of operations.
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?

While at work? ✓ (Specify type of place) (e) Means of injury Dr

23. Signature J. C. Dwyer (City or town) (County) (State)

Address Front City, Mo Date signed 3-2-44

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.....

Arch C. Dangle

Licensed Embalmer No. *3252*

P. O. Address, *Shawnee City, 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.