

S. No. 2
M-8-43
5-17-39
1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13149

State File No.

FILED MAY 13 1944

L 1005

Registration District No.

Primary Registration District No.

Registrar's No. 4285

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 14 days
Life (Specify whether
In this community Life
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")
(d) Street No. 3144 Hickory
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Georgia Mae Nash

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Female Color or race Negro 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased April 20 1924
(Month) (Day) (Year)

8. AGE: Years 20 Months 0 Days 18 If less than one day
hr. min.

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

10. Usual occupation Student

11. Industry or business

12. Name Isreal Nash

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

14. Maiden name Annie Slater

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

16. (a) Informant Isreal Nash

(b) Address 3109 Hickory

17. (a) Burial (b) Date thereof May 11'44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Russell Undt, Co.

(b) Address 2732 Pine Street

19. (a) MAY 9 1944 (b) J. F. Bedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7,
year 1944 hour 12 minute 35 A.M.

21. I hereby certify that I attended the deceased from March 23,
19 44 to May 7, 19 44
that I last saw her alive on May 7, 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Tuberculous Peritonitis Pulmonary Tuberculosis (moderately advanced) Unk.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 Alva Moore (M.D. or other)

Address 2601 Whittier Date signed 5/9/44

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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

Joel Russell

Licensed Embalmer No. *4112*

P. O. Address.....

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.