

FILED JUN 1 1948 18

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. _____

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Nellie May Maness3. (b) If veteran,
name war None3. (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 Edward Maness
 6. (c) Age of husband or wife if alive 59 years
 7. Birth date of deceased January 2 1881
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 4 18
 hr. _____ min.

9. Birthplace Fredericktown Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 12. Name Joseph Baugh
 13. Birthplace Morgan Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Dareas Brown
 15. Birthplace Unknown Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Edward Maness
(b) Address Desloge, Mo.17. (a) Burial (b) Date thereof 5-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Desloge, Missouri18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.19. (a) 4554 (b) J. F. Brueck
(Date received, local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
 (c) City or town Desloge
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location) NR
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1944 hour 12:48 minute A. M.21. I hereby certify that I attended the deceased from May 15
1944, to May 20, 1944.
that I last saw him alive on May 20, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death

Diabetes Mellitus.
Coronary occlusion

Due to _____

Due to _____

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

Of autopsy _____

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 Ralph Berg (M. D. or other) Ralph Berg
Address 2253 Nebraska Date signed _____

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.....

W. W. Wilkinson

Licensed Embalmer No. *3578*

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.