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

16613

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 9 1944

Registration District No. 3-8

Primary Registration District No. 1003

Registrar's No. 4861

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
4423 Cottage Avenue /
(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).

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

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

(d) Street No. 4423 Cottage Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Myrtle Sarah Nofles

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro 3

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

6. (b) Name of husband or wife Edward W.

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased June 26, 1892
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
51	10	27	hr. min.

9. Birthplace Saint Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John W. Taylor
13. Birthplace Shelbyville, Kentucky /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katie Lugar
15. Birthplace Quincy, Illinois /
(City, town, or county) (State or foreign country)

16. (a) Informant Edward W. Nofles
(b) Address 4423 Cottage Avenue

17. (a) Burial (b) Date thereof 5/26/1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Avenue

19. (a) MAY 26 1944 (b) J F Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1944 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 14, 1944, to May 23, 1944
that I last saw her alive on May 23, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	3 days
Due to Meningitis - (non-specific) Simple	2 wks
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

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 0

23. Signature S S Levin (M. D. or other)
Address 4487 Westminister Place Date signed 5/24/44

(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

Thomas J. Gates, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.