

FILED SEP 8 1944
 Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
 (a) County.....
 (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:
2711a Howard St /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community... About 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County 000
 (c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 920
 (d) Street No. 2711a Howard St
(If rural, give location)
 (e) Citizen of foreign country?.....
If yes, name country..... 0 (Yes or No)

3. (a) PRINT FULL NAME Nancy Voiles
 3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Frank Voiles 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased April 6, 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>4</u>	<u>25</u>	hr. _____ min.

9. Birthplace unknown Tennessee /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER

12. Name Andy Williams
 13. Birthplace unknown unknown /
(City, town, or county) (State or foreign country)
 14. Maiden name Alice Stalling
 15. Birthplace unknown unknown /
(City, town, or county) (State or foreign country)

16. (a) Informant Jas. Voiles
 (b) Address 4136 Maffitt Ave

17. (a) Rail (b) Date thereof 9-3-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Christopher St.

18. (a) Signature of funeral director Bochner & Bochner
 (b) Address 2288 St. Louis Ave

19. (a) SEP 2 1944 (b) J. F. Bredsch
(Date received local health department) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept. day 1
 year 1944 hour 11 minute 45 a.m.

21. I hereby certify that I attended the deceased from Aug 25
 1944 to Sept. 1 1944
 that I last saw her alive on Aug 27 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Cerebral Hemorrhage
 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?
(Specify type of place)
 While at work?..... (e) Means of injury 0

23. Signature J. F. Bredsch (M. D. or other).....
 Address 1914 A. M. Howard 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 Marie A. Cashion
Licensed Embalmer No. 3949
P. O. Address St. Louis 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: