S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 30 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29216

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8208

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Anthonys 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 life 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 520 19

(c) City or town City of St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 116 West Marceau 11
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Nellie Cliffe

3. (b) If veteran, name war none

3. (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 Walter Cliffe

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

7. Birth date of deceased December (Month) 17 (Day) 1868 (Year)

8. AGE: Years 75 Months 9 Days 8 If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business none

FATHER
12. Name Martin Walsh
13. Birthplace (City, town, or county) Ireland (State or foreign country) 4

MOTHER
14. Maiden name Katherine Hynes
15. Birthplace (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant Walter Cliffe
(b) Address 116 West Marceau

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-27-44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 So. Grand Blvd.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25th
year 1944 hour 4:00 minute a. M.

21. I hereby certify that I attended the deceased from 1932, 19 to Sept 25, 1944
that I last saw her alive on Sept 25, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary artery disease	8 mo
Due to Hypertensive heart disease	5 yrs
Due to	
Other conditions Chronic Nephritis (Include pregnancy within 3 months of death)	5 yrs

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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature D. A. O'Sullivan M.D. (M. D. or other)

Address 421 N. Schirmer Date signed 9-25-44

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Virgil L. Berryman

Licensed Embalmer No. 4018

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.