

FILED SEP 26 1944

Registration District No. **277**

Primary Registration District No. **3070**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Webster Groves**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
711 W. Big Bend Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Webster Groves**
(If outside city or town limits, write "RURAL")
(d) Street No. **711 W. Big Bend Rd.**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Nellie Myrtle Gaw.**

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 **Jesse Boyd Gaw** 6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased **Jan 22, 1882**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 **7** **22** hr. min.

9. Birthplace **Quincy Ill.** **Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **George W Harwood**
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
14. Maiden name **Josephine Whitten**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Jesse Boyd Gaw**
(b) Address **711 W. Big Bend Webster Groves**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Sept 18, 1944**
(Month) (Day) (Year)
(c) Place: burial or cremation **Oak Hill Cem**

18. (a) Signature of funeral director **Jay B. Smith**
(b) Address **7456 Manchester Maplewood, MO**

19. (a) **SEP 18 1944** (Date received local health officer) (b) **C. G. McGauran, M.D.** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **14** year **1944** hour **6:30 P.M.** minute **M.**

21. I hereby certify that I attended the deceased from **March 17 1944** to **Sept 14 1944**
that I last saw her alive on **Sept 14 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **HYPERTENSIVE CARDIAC Condition**

Due to

Due to

Other conditions **Cerebral Hemorrhage - Diabetes Mellitus**
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy **bl**

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?
no

While at work? (Specify type of place) (e) Means of injury

23. Signature **Vincent J. Townsend** (M. D. or other) **MD**
Address **3101 1/2 Sutton Ave Maplewood, MO** Date signed **9-15-44**

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

96
7
4

767

Dr. Townsend

STATEMENT BY LICENSED EMBALMER

3454
7456

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 *David C. Gibson*

Licensed Embalmer No. ~~7456~~ *3454*

P. O. Address *7456 Manchester*

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.