

FILED FEB 16 1945

Registration District No. 317

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town Rural. Meramec Twpsh.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Wildhorse Rd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)

In this community 90 yrs.

3. (a) PRINT FULL NAME Nammie S. Jerry,

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 widowed

6. (b) Name of husband or wife F. D. Jerry,

6. (c) Age of husband or wife if alive 9 years

7. Birth date of deceased none 9 1854
(Month) (Day) (Year)

8. AGE: Years 90 Months 1 Days 28 If less than one day hr. min.

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

10. Usual occupation Retired housewife,

11. Industry or business Own home,

12. Name Wm. H. Coleman,

13. Birthplace Virginia!
(City, town, or county) (State or foreign country)

14. Maiden name Hardenia Goodwin,

15. Birthplace Kentucky!
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maud Ferguson,

(b) Address Chesterfield, Mo. R. 1.

17. (a) Burial (b) Date thereof Jan. 10, 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch Cem. Monarch, Mo.

18. (a) Signature of funeral director Schrader Funeral Home,

(b) Address Ballwin, Mo.

19. (a) JAN 9 1945 (b) E. H. McLauran
(Date received local health officer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis,

(c) City or town Rural. 912
(If outside city or town limits, write "RURAL")

(d) Street No. Wildhorse Rd.
(If rural, give location)

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

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7,
year 1945 hour minute M.

21. I hereby certify that I attended the deceased from 12-23 1944 to 12-26 1944
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to Recurrent cerebral

Due to hemorrhage due to hypertension & arteriosclerosis 5 yr.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 8301

Of autopsy —

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 2

Signature [Signature] (M. D. or other) 2

Address Evans, Mo. Date signed 1-8-45

Duration

1 1/2 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Theo. Schrader*

Licensed Embalmer No. 3066

P. O. Address Ballwin, 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.