

S. No. 2
DM-2-43
v. 5-17-39
X35697

19002

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 19 1945
318

Registration District No. _____ Primary Registration District No. _____

Registrar's No. 5190

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution:
1544 a Biddle 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 17

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

(d) Street No. 1544 a Biddle St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Georgia McNairy

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race Col.

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

6. (b) Name of husband or wife Herman McNairy

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased: Mar. 12th. 1912
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>33</u>	<u>2</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace Florance Ala.
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business _____

MOTHER FATHER

12. Name McKinley Simpson

13. Birthplace Florance Ala.
(City, town, or county) (State or foreign country)

14. Maiden name Merian Rice

15. Birthplace Florance Ala.
(City, town, or county) (State or foreign country)

16. (a) Informant Herman McNairy

(b) Address 2820 Stoddard St.

17. (a) Burial (b) Date thereof 6-13-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Ellis Fun, Home

(b) Address 2820 Stoddard St

19. (a) JUN 12 1945 J. F. Bredel
(Date received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 1945 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 4/7 to 6/9
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertension -
acute - chronic vas-
cular disease

Duration 29m

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations none

Of autopsy none

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? _____

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

23. Signature J. F. Bredel (M. D. or other) _____
Address 3136 Cherokee Date signed 6/12/45

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

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, only.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Luther E. Culkin.....

Licensed Embalmer No. 7198.....

P. O. Address 4912 Fountain Gate
Albany 131.....

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.