

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2398

1. PLACE OF DEATH:

(a) County St. Louis

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

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

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis %

(c) City or town Oakland 6
(If outside city or town limits, write "RURAL")

(d) Street No. 824 S. Sappington Rd. 0
(If rural, give location)

(e) Citizen of foreign country? No. 0
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Nellie Bothwell

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, widow

6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased May 20 1866
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 27 If less than one day _____
hr. min.

9. Birthplace New York N. Y.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Summerville

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant John H. Bothwell

(b) Address 824 Sappington Rd.

17. (a) Removal (b) Date thereof Oct. 17, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Vernon N.Y.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Ave.

19. (a) 10-17-45 (b) E. J. [Signature]
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17th
year 1945 hour 12 minute 17 A. M.

21. I hereby certify that I attended the deceased from November 11, 1943 to October 17, 1945
that I last saw her alive on October 15, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death
Arteriosclerotic heart disease months
Senility

Due to 93d

Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

Duration

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

Address 204 E. Big Bend Date signed 10/17/45

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

OCT 1 1946

NOV 2 1945

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 3454

....., Registered Apprentice No.
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Main St

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.