

FILED MAY 10 1946

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3893**

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
607 Rutger Street
(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 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 607 Rutger St.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Joseph J Nevill

3. (b) If veteran, name war No

3. (c) Social Security No. _____

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased June 28 1878
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29th
year 1946 hour 5:30 minute a M.

21. I hereby certify that I attended the deceased from 4/20, 1946, to 4/29, 1946, that I last saw him alive on 4/26, 1946, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

67 10 1 hr. _____ min.

Immediate cause of death _____

Acute Pericarditis in 9
50 days.

Due to _____

Due to _____

Other conditions Arteriosclerosis
(Include pregnancy within 9 months of death)

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

10. Usual occupation Clerk

11. Industry or business Hardware

MOTHER FATHER { 12. Name Jeremiah Nevill

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

14. Maiden name Catherine McMahon

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

Major findings: Of operations none

Of autopsy none

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Harriet Nevill

(b) Address 607 Rutger Street

17. (a) Burial (b) Date thereof 5-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director A.W. McLaughlin

(b) Address 2301 La Fayette Ave

19. (a) APP 29 1946 (b) J. O. Brubaker
(Date received local official) (Registrar's signature)

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 George Schlenker, M.D. (M. D. or other)

Address 3515 S. Grand Date signed 4/29/46

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

15300

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.....

W Cooper

Licensed Embalmer No..... *3830*.....

P. O. Address..... *2301 Lafayette Ave*.....

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.