

S. No. 2
M-5-43
7. 5-17-39
P I X36671

State File No. 18070
Registrar's No. 174

FILED JUN 10 1946

Registration District No. 37 Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Pine Lawn
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2134 Overlea Avenue.
(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 St. Louis
 (c) City or town Pine Lawn
(If outside city or town limits, write "RURAL")
 (d) Street No. 2134 Overlea Avenue.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Nellie Elizabeth Maisel.
 3. (b) If veteran, name war None
 3. (c) Social Security No. 500-16-2077

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st.
 year 1946 hour 1 minute 10 P.M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married.
 6. (b) Name of husband or wife George F. Maisel.
 6. (c) Age of husband or wife if alive 49 years
 7. Birth date of deceased October 17, 1898.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
 that I last saw h..... alive on....., 19.....;
 and that death occurred on the date and hour stated above.
 Immediate cause of death self-inflicted gunshot wound, of right temple.

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>7</u>	<u>14</u>hr.min.

Due to.....
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

9. Birthplace Perry County, Missouri.
(City, town, or county) (State or foreign country)

Major findings:
 Of operations.....

10. Usual occupation Housewife
 11. Industry or business.....
 12. Name John F. Burns.
 13. Birthplace Boston, Mass.
(City, town, or county) (State or foreign country)
 14. Maiden name Sarah Welty.
 15. Birthplace Appelton, Missouri.
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. George F. Maisel.
 (b) Address 2134 Overlea Avenue.
 17. (a) Burial (b) Date thereof 6-4-1946.
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Perryville, Missouri.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Suicide
 (b) Date of occurrence 5-31-46
 (c) Where did injury occur? Pine Lawn, Missouri.
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
 (b) Address 5966-68 Easton Avenue.
 19. (a) 6-1-46 (b) E. D. McSweeney
(Date received local registrar) (Registrar's signature)

While at work?..... (Specify type of place)
 Means of injury Gunshot
 Signature Arnold J. Willmann (M. D. or other)
 Address Clayton, Mo. Date signed 6/1/46

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

16949

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 Clement McQuay
Licensed Embalmer No. 3732
P. O. Address St. Louis

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.