

Registration District No. 318

Primary Registration District No. 1003

State File No.

Registrar's No. 4712

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Hooper G Phillips Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 8 months  
 (Specify whether  
 In this community 12 years  
 years, months or days)

3. (a) PRINT FULL NAME Marvelle Nash

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced. 0  
 6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased March 6th 1926  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
 20 2 16 hr. min.

9. Birthplace Brooksville, Mississippi  
 (City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business

MOTHER FATHER { 12. Name James Nash  
 13. Birthplace Brooksville, Mississippi  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Lillie Flemings  
 15. Birthplace Macon Mississippi  
 (City, town, or county) (State or foreign country)

16. (a) Informant Lillie Nash  
 (b) Address 4581 Kensington

17. (a) Removal (b) Date thereof May 28/46  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Macon, Mississippi

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Innery Avenue

19. (a) MAY 27 1946 J. F. Brodeur  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
 (c) City or town St. Louis 117  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 6115 Colorado 9  
 (If rural, give location)  
 (e) Citizen of foreign country? (Yes or No) 10  
 If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22  
 year 1946 hour 11 minute 35 P. M.

21. I hereby certify that I attended the deceased from 9-29 19.46 to 5-22 19.46  
 that I last saw her alive on May 22 19.46  
 and that death occurred on the date and hour stated above.

Immediate cause of death Lung Abscess - Non-tubercular  
 cause not known Unk

Due to  
 Due to  
 Other conditions None  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations  
 Of autopsy No  
 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 0  
 23. Signature Orion J. Ayer (M. D. or other)  
 Address 2601 N Whittier Date signed 5/24/46

**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.....

Licensed Embalmer No. 4259

P. O. Address. 4077

**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.**