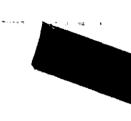
S. No. 2 0M—5-43 v. 5-17-39	D,	EPARTMENT OF CO	MSUS 0 194	ST,		TEALTH OF MISSOURI	State File No	18752
≫ I X3667¤	R	egistration District No		<u> 818 </u>	Primary Registration Distri	+ No. 1003	Registrar's No	4712
	1.	PLACE OF DEATH:				2. USUAL RESIDENCE OF DECEASED:		
ED ED		County St	louis			(c) State Missouri	. (b) County	000
္ဌ	ii .		city or town lie	nits, write "P	URAL" and name of township)	(c) City or town St. Louis		
RE		Homer G Phi	llips H	ospita	L	(c) City or town St. Louis (footside city or town limits, write "RURAL") (d) Street No. 6115 Colorado		
Ţ	!	(If not in hospit) Length of stay: In	d or institution.	Write street I	number or location)	(6) 51100 110	(If rural, give location)	18
EN		this community				(e) Citizen of foreign country?		(Yes or No)
PERMANENT RECORD		years, months or days)				If yes, name country.		
	3.	(a) PRINT M	rvelle	Nash		MEDICAL CERTIFICATION		
< .		(b) If veteran,			3. (c) Social Security	20. DATE OF DEATH: Month May day 22 year 1946 hour 11 minute 35 P M.		
KE		name war			No	year		
É . BLACK INK—MAKE		· 3	5. Color or	6.	(a) Single, widowed, married,	9-29		
	4.	sex Female	race.Ne,	grol	divorced			19_46
	6.	(b) Name of husband of	r wife	6	(c) Age of husband or wife if	and that death occurred on the date as Immediate cause of death	nd hour stated above.	Duration
		Birth date of deceased	Mon	nch 6	aliveyears	Lung Abscess - Non	-tubercula	ar Unk
	<u> -</u>	Date date of deceases	(Mon	th)	th 1926 (Year)	cause no	t known	
	8.	AGE: Years	Months	Days	If less than one day	Due to		
ı û	1_	20	12_	16	hr. min.			
WRITE PLAINLY—USE UNFADING	9.	Birthplace Pr	olsvi.	lle	Mississippi /	Due to	1111	
	10	(Ci				Other conditions None	114	
		Industry or business		<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Include prognancy within 3 months of death	5	PHYSICIAN
	E	12. Name James Nash Nississippi (City, town, or county)				Major findings:	: 1 1 41	!
						***************************************		Underline the cause to which death
						Of autopsy No		should be charged sta-
	IE {					22. If death was due to external cause	s, fill in the following:	tistically.
	1~					(a) Accident, suicide, or homicide (specify)		
	16.					(b) Date of occurrence		
	17.					(c) Where did injury occur? (City or town) (County) (State)		
	(Burial, cremation, or removal) (Month) (Day) (Year) (c) Place: burial or cremation Macon Mississippi					(d) Did injury occur in or about home, on farm, in industrial place, in public place?		
A 7	18. (a) Signature of funeral director. Chas. J. Gates (b) Address 4107 inney Avenue 19. (a) MAY 27 1945 (Registrar's signature)					While at work? (Specify type of place) (e) Means of injury (M. D. or other)		
-								
						Address 2601 N Whittier Date signed 5/24/46		
	(Licensed Embalmer's Statement on Reverse Side)							



STATEMENT BY LICENSED EMBALMER

	S.
I hereby certify that the body whose name is record	ded on the reverse side of this certificate was embalmed by me, or by
	, Regist¢red Apprentice No,
vorking under my personal supervision.	A Land
	Licensed Embalmer No.

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.