

FILED JUL 22 1946
JUL 31 8 18

Registration District No.

Primary Registration District No. 1003

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:
3034 THOMAS ST. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: NONE
(Specify whether
In this community 23 YEARS
years, months or days)

3. (a) PRINT FULL NAME NANCY PRICE

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex Female race COLO 5. Color or race COLO 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if alive DEAD years

7. Birth date of deceased (Month) Oct. (Day) 19 (Year) 1921

8. AGE: Years 64 Months 8 Days 20 If less than one day hr. min.

9. Birthplace WOODVILLE MISS.
(City, town, & county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business SEW

MOTHER FATHER

12. Name SIM LANEHART
13. Birthplace WOODVILLE MISS.
(City, town, or county) (State or foreign country)

14. Maiden name DON'T KNOW

15. Birthplace DON'T KNOW
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. Jones
(b) Address 3034 THOMAS ST.

17. (a) REMOVAL (b) Date thereof JUL 12 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CLARKSBURG MISS.

18. (a) Signature of funeral director Oliver E. Patton

(b) Address 3030 BRILL AVE.

19. (a) JUL 12 1946 (b) J. F. Brebeck
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town ST. LOUIS MO.
(If outside city or town limits, write "RURAL")
(d) Street No. 3034 THOMAS ST.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country U.S.A.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1946 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 6 1946 to July 9 1946
that I last saw her alive on July 8 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral plexy
Duration 8 days

Due to Hypertension
Blood clots
Duration 3 days

Due to CHN

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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?
(Specify type of place) (e) Means of injury

23. Signature J. F. Brebeck (M. D. or other)
Address 2022 S. Jefferson Date signed 7/11/46

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

24473A

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.....

P. O. Address.....

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.