

S. No. 2
M-5-43
v. 5-17-39
p. 1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34782
Registrar's No. 2088

FILED OCT 16 1946

Registration District No. 317

Primary Registration District No. 6076

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

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:
6236 CRESTON 1
(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 Mo. (b) County St. Louis 91

(c) City or town 6236 CRESTON PINE LAWN 1
(If outside city or town limits, write "RURAL")

(d) Street No. 6236 CRESTON 0
(If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MAMIE NILDEBRAND

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife HARRY 6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased July 5 1871
(Month) (Day) (Year)

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

75 2 26 hr. _____ min.

9. Birthplace St. Louis Mo. (1)
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

12. Name MICHAEL HUGHES

13. Birthplace St. Louis Mo. (2)
(City, town, or county) (State or foreign country)

14. Maiden name FANNIS STILES

15. Birthplace N.Y. CITY N.Y. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Sorathy O'Neil

(b) Address 6236 Creston

17. (a) BURIAL (b) Date thereof Oct 7-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY GULLY KILLS

18. (a) Signature of funeral director H. B. Lindell

(b) Address 4386 Lindell

19. (a) 10-8-46 (b) Ruth J. Coleman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3
year 1946 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from 8-23-
1 1946, to 10-2- 1946,
that I last saw her alive on 10-2- 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Hemorrhage 3 days

Due to Gastric ulcer 3 yrs

Due to Hypertensity 1170 3 yrs

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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 J. A. Pullman (M. D. or other) _____
Address 284 1/2 Union Bl. Date signed 10-6-46

Duration

3 days

3 yrs

3 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Albert Mayfield

Licensed Embalmer No. 3077

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.