U. S. No. 2
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 2 31947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29833

Registration District No. 31947 Primary Registration District No. 3065 Registrar's No. 1852

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Glendale
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 895 Brookside Dr.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: St Louis

(c) City or town: Glendale
(If outside city or town limits, write "RURAL")

(d) Street No.: 895 Brookside Dr.
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME: JOSEPHINE NIGHTEN

3. (b) If veteran, name war: None

3. (c) Social Security No.: .....

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widow

6. (b) Name of husband or wife: Late William H.

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased: Apr. (Month) 17 (Day) 1873 (Year)

8. AGE: Years 74 Months 4 Days 9 If less than one day ..... hr. ..... min.

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

10. Usual occupation: Housework

11. Industry or business .....

FATHER
12. Name: Michael McCullough
13. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name: Mary Ann Hanrohan
15. Birthplace: Ireland (City, town, or county) (State or foreign country)

16. (a) Informant: Mary A. McGrane
(b) Address: 895 Brookside Dr.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Bellefontaine Cem.

18. (a) Signature of funeral director: Kriegshauser Und. Co.
(b) Address: 4228 So. Kingshighway Bl.

19. (a) 8-29-47 (Date received local registrar) (b) Beula Shaffer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 26 year 1947 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from Mar-3 1947, to Aug-26 1947 and that I last saw him alive on Aug-24 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Thrombosis Hemorrhage — 1 yr.
Strokes with hemiplegia x
Congestive Cardiac failure

Due to .....

Due to 131.25

Other conditions (Include pregnancy within 3 months of death): Arteriosclerosis 4 yrs

Major findings:
Of operations .....

Of autopsy .....

PHYSICIAN — Underline the cause of 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)

While at work? ..... (e) Means of injury .....

23. Signature: Thos A Nagel M.D. (M. D. or other) M.D.

Address: 3127 Sogram St. Louis Date signed: 8-27-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 8 1949

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 Richard W. Stoversand

Licensed Embalmer No. 4007

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.