No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39987

FILED DEC 6 1947

Registration District No. 3187

Primary Registration District No. 1003

Registrar's No. 10826

1. PLACE OF DEATH:

(a) County

(b) City or town St, Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3304 Russell Blvd.
(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 Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 33304 Russell Blvd.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Nessie Mitchell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 2 (Day) 1885 (Year)

8. AGE:	Years	Months	Days	If less than one day
	62	5	21	hr. min.

9. Birthplace Mill Shoal (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name John A. Thackeray
13. Birthplace (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Mary Johnson
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs. Robert J. Lanning
(b) Address 3304 Russell Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 26-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Peck Funeral Home Inc.
(b) Address 3029 Lafayette Ave

19. (a) NOV 25 1947 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23
year 1947 hour 10 30 minute P. M.

21. I hereby certify that I attended the deceased from July 3, 1946, to Nov 23, 1947
that I last saw her alive on Nov. 23, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	24 hrs
Due to	
Due to	
Other conditions Duodenal ulcer (Include pregnancy within 3 months of death)	years

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 H. G. Newman (M. D. or other) M. D.
Address 3720 Washington Date signed 11-24-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Beaumont Bldg.

Must

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 David Van Fossen

Licensed Embalmer No. 4242

P. O. Address 3029 Lafayette

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.