S. No. 300
M—10-47
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 20 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17829

Registration District No. 318

Primary Registration District No.

Registrar's No. 4371

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: Homer G Phillips Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1003

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2244 Cass 9
(If rural, give location)

(e) Citizen of foreign country? 21 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Nannie Medley

3. (b) If veteran, name war

3. (c) Social Security No. —

4. Sex F 3

5. Color or race Col

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife unk

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

7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years abt-53 Months — Days — If less than one day hr. min.

9. Birthplace Columbia, Tenn 1 (City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business

FATHER
12. Name Tap Zillner
13. Birthplace unk Tenn. 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Harriet unk
15. Birthplace unk Tenn 1 (City, town, or county) (State or foreign country)

16. (a) Informant Myrtle Palmer
(b) Address 1012 N. Jefferson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington ~~Wash~~ Park Cem

18. (a) Signature of funeral director A. L. Beal and Co.
(b) Address 4303 Delmar

19. (a) MAY 10 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1948 hour 5 minute 5 a M.

21. I hereby certify that I attended the deceased from April 30, 1948, to May 6, 1948
that I last saw her alive on May 6, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis — Duration Undet.

Due to

Due to

Other conditions Hypertensive Heart Disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

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) While at work? (e) Means of injury 0

23. Signature Oscar L Davids (M. D. or other)
Address 2601 N Whittier Date signed 5/8/48

(Licensed Embalmer's Statement on Reverse Side)

JUL 6 1948

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 Vorn Thompson Wilso

Licensed Embalmer No. 1435

P. O. Address 2618 Bellefo

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.