. S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 15 1948

Registration District No. 3-7

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 18332

Registrar's No. 1240

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Baden Station
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Meredith Home 4
(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: Missouri (b) County: Fad
(c) City or town: St. Louis 1/1 17
(If outside city or town limits, write "RURAL")
(d) Street No.: 4101 Turner Ave. 9
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No) 11
If yes, name country .....

3. (a) PRINT FULL NAME: Nellie Opal Waring
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: Female 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow 2
6. (b) Name of husband or wife: Deceased
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: April (Month) 10 (Day) 1886 (Year)

8. AGE: Years 62 | Months 1 | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace: (City, town, or county) Missouri (State or foreign country) 11
10. Usual occupation: Housewife
11. Industry or business .....

FATHER
12. Name: Monk Crane
13. Birthplace: (City, town, or county) Tenn (State or foreign country) 1

MOTHER
14. Maiden name: Unknown
15. Birthplace: (City, town, or county) Unknown (State or foreign country) 4

16. (a) Informant: L. A. Waring
(b) Address: R.# 4 Box 68 St. Cyr Rd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Friedens Cemetery
18. (a) Signature of funeral director: Math. Hermann & Son, Inc.
(b) Address: 2161 E. Fair Ave.
19. (a) 5-17-48 (Date received local registrar) (b) Carl A. Shaughn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1948 hour 12 minute 00 Noon M.

21. I hereby certify that I attended the deceased from 7/9, 1947, to 5/16, 1948; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Diabetic coma	
Due to: Senility	
Due to: 6	
Other conditions (Include pregnancy within 3 months of death)	

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 .....
Signature: [illegible] M.D. (M. D. or other)
Address: 6917 W. Florissant Date signed: 5/17/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 William G Buckholz

Licensed Embalmer No. 2110

P. O. Address St Louis, Mo

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.