FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 28 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24402

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 6402

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 Enroute to City Hosp. #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 Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4133 Laclede Ave. 9
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 19
If yes, name country

3. (a) PRINT FULL NAME Nellie Bly Jahla
3. (b) If veteran, name war No
3. (c) Social Security No. Unknown
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harry Jahla
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased March (Month) 15 (Day) 1898 (Year)

8. AGE: Years 50 | Months 4 | Days 3 | If less than one day hr. min.

9. Birthplace Mieola (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name William Love
13. Birthplace Missouri (City, town, or county) (State or foreign country) 0
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Harry Jahla
(b) Address 4133 Laclede Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mokane, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) JUL 19 1948 (Date received local registrar) (b) J. F. Bradecot (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1948 hour 10:45 minute A M.
21. I hereby certify that I attended the deceased from , 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CORONARY OCCLUSION.	
Due to	
Due to	
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? (Means of injury) 5
23. Signature Patrick E. Taylor, Dep Cor (M. D. or other)
Address 1300 Clark Date signed 7-19-48

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.....

Licensed Embalmer No. 35-75

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.