S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 11 1949

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41968

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11382

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

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: BARNES HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Week (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

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

(d) Street No. 3954 West Mister (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Nellie Zehrt

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Christ

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Sept (Month) 11 (Day) 1890 (Year)

8. AGE: Years 58 Months 3 Days 18 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Patrick Murphy
13. Birthplace (City, town, or county) Ireland (State or foreign country)

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

16. (a) Informant Christ Zehart

(b) Address 3954 West Mister

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 31 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Cullen Kelly

(b) Address 4356 Linneal

19. (a) DEC 30 1948 (Date received local registrar) (b) J B Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec day 29 year 1948 hour 11 05 minute P M.

21. I hereby certify that I attended the deceased from Jan 18, 1943, to Dec 29, 1948 that I last saw her alive on Dec 29, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Embolis	1 wk
Due to Rheumatic Heart Disease Auricular Fibrillation	yrs
Due to	
Other conditions Hypertension (Include pregnancy within 3 months of death)	yrs

Major findings:
Of operations
Of autopsy

95

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)

While at work? (e) Means of injury

23. Signature Kirk Kozney (M. D. or other) MD

Address 3720 Washington Date signed 12/30/48

(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 James A. Lammers

Licensed Embalmer No. 4142

P. O. Address St. Louis

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.