FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 21 1949

Registration District No. 577

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 42796

Registrar's No. 2943

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

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Lemay
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: #1 Meramec View
(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: Mo. (b) County: St. Louis

(c) City or town: Lemay
(If outside city or town limits, write "RURAL")

(d) Street No.: #1 Meramec View
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME: Nellie V. Cloud

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: Married

6. (b) Name of husband or wife: Edward

6. (c) Age of husband or wife if alive: 49 years

7. Birth date of deceased: Feb. (Month) 8 (Day) 1899 (Year)

8. AGE: Years 49 | Months 10 | Days 13 | If less than one day ..... hr. ..... min.

9. Birthplace: Sunbrite (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation: Home

11. Industry or business .....

FATHER
12. Name: Clinton McCormick
13. Birthplace: Unknown (City, town, or county) Tennessee (State or foreign country)

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

16. (a) Informant: Edward Cloud
(b) Address: #1 Meramec View, Lemay, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/24/48 (Month) (Day) (Year)
(c) Place: burial or cremation: New St. Marcus Cemetery

18. (a) Signature of funeral director: Wacker-Helderle
(b) Address: 3634 Gravois Ave.

19. (a) 12-23-48 (Date received local registrar) (b) Kurd & Lunger MD (Registrar's signature) MSC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21 year 1948 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from Nov-1- 1948, to Dec 21, 1948 that I last saw her alive on 12-21, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

Duration

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: C. Reich MD (M. D. or other) MD

Address: Brunswick Mo Date signed: 12/22/48

(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 Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 3634 Gravois

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

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