

FILED SEP 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28737

State File No. _____

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 2070

1. PLACE OF DEATH a. COUNTY <u>CLAYTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>96</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS COUNTY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis COUNTY LEMAY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Louis County Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>631 DeMerville Av Lemay Mo</u>	

3. NAME OF DECEASED (Type or Print) <u>MINNIE</u>	a. (First) <u>V</u>	b. (Middle) <u>NESTER</u>	c. (Last) <u>NESTER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 28, 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 11 1892</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (State or foreign country) <u>St Louis</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Jacob Busch</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Fred C Nester</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>new</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Fred C Nester</u> ADDRESS <u>631 DeMerville Av</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive cardiovascular disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
	ANTECEDENT CAUSES A forbidding conditions, if any, giving DUE TO (b) <u>Arterial nephrosclerosis</u> rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS <u>Generalized anasarca</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac insufficiency</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Aug. 5, 1949, to Aug. 28, 1949, that I last saw the deceased alive on Aug. 28, 1949, and that death occurred at 3:45a m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. P. Coble</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>601 S. Brentwood Clayton, Mo.</u>	23c. DATE SIGNED <u>8-28-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/30/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Picker Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis Missouri</u>
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DATE REC'D BY LOCAL REG. <u>8-29-49</u>	REGISTRAR'S SIGNATURE <u>Robert R. Wankel</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wynndell Funeral Home</u> ADDRESS <u>1926 Allen Ave</u>
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(Licensed Embalmer - Statement on Reverse Side)

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

42223

Mary Alice

OAK-85

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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Ray W Wilkinson

Licensed Embalmer No.

3575

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.