

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 17 1950

1071

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Ste Genevieve	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SSTELGENEVIEVE	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) MAIN ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Paul Hosp			

3. NAME OF DECEASED (Type or Print)	a. (First) CORA	b. (Middle) HELENE	c. (Last) NANNEY	4. DATE OF DEATH (Month) (Day) (Year) 2/2/50
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH 6/30/1873	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) STE GENEVIEVE		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME FELIX WINSTON	13b. MOTHER'S MAIDEN NAME JOSEPHINE LAROSE	14. NAME OF HUSBAND OR WIFE AUGUST NANNEY
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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) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME OLIVER NANNEY	ADDRESS 6612 KOSSUTH AVE
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2/1/50
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

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) H-201
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **Dec 4, 1949**, to **Feb 2, 1950**, that I last saw the deceased alive on **Feb 1, 1950**, and that death occurred at **12:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE R. L. Lawrence M.D. (Degree or title)	23b. ADDRESS Ste Genevieve Mo	23c. DATE SIGNED 2/4/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2/4/50	24c. NAME OF CEMETERY OR CREMATORY STE GENEVIEVE	24d. LOCATION (City, town, or county) (State) STE GENEVIEVE MO.
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DATE REC'D BY LOCAL REG. FEB 4 1950	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE STROOT - CARROLL	ADDRESS 1600 NATURAL BRIDGE AVE
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Bert Hoffman

Signed _____

Student Embalmer

Licensed Embalmer No. 4366

P. O. Address Stevens, MD

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.