

FILED APR 9 1951

STANDARD CERTIFICATE OF DEATH

10750

State File No.

| | | | | | | | |
|--|----------------------------------|---|--|--|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>318</u> | | PRIMARY REG. DIST. NO. <u>1003</u> | | Registrar's No. <u>2943</u> | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u> | | c. LENGTH OF STAY (In this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> | | 2109 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4656 Labadie Ave.</u> | | | | 10. STREET ADDRESS (If rural, give location) <u>4656 Labadie Ave.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Nellie</u> | | b. (Middle) _____ | | c. (Last) <u>Wagner</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 27, 1951</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>July 31 1861</u> | | 9. AGE (In years last birthday) <u>89</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 18 YRS. Hours _____ Min. _____ |
| 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 _____ | | 11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U</u> | |
| 13a. FATHER'S NAME <u>John Walsh</u> | | 13b. MOTHER'S MAIDEN NAME <u>Bridget Walsh</u> | | 14. NAME OF HUSBAND OR WIFE <u>Deceased</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Celeste Wagner</u> ADDRESS <u>4656 Labadie Ave.</u> | | | |
| 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. | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Bilateral Gangrene of feet</u> 2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Senile Atherosclerosis of feet</u> <u>Arterio Sclerotic Heart Disease</u> 3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH _____ | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 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) _____ | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>H200</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>1/16</u> , 19 <u>51</u> , to <u>3/16</u> , 19 <u>51</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:15P</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>John V. Lawrence M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>634 N. Grand</u> | | 23c. DATE SIGNED <u>3/28/51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>3/30/51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>MAR 29 1951</u> | | REGISTRAR'S SIGNATURE <u>J. B. Blanton</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Sullivan Funeral Dir.</u> ADDRESS <u>2849 N. Euclid</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Justine D. Carter

Signed.....
Student Embalmer

Licensed Embalmer No.....

4329

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.