

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9978

State File No.

Registrar's No. 1982

FILED MAR 24 1952

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 3 wks	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2189
d. FULL NAME OF HOSPITAL OR INSTITUTION #16 So. Theresa Ave.			d. STREET ADDRESS (If rural, give location) # 16 so. Theresa Ave.		

3. NAME OF DECEASED (Type or Print) Nancy Lee			4. DATE OF DEATH (Month) (Day) (Year) Feb, 29 1952		
a. (First)	b. (Middle)		c. (Last) George		

5. SEX Female	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 11, 1893	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 10 Days 18	IF UNDER 24 HOURS Hours Mins.
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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) Louisville, Miss		12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME John Foster		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Chester George	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Augusta George Chicago, Ill.			
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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.	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 5 Hours
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease	ANTECEDENT CAUSES				DUE TO (b) Cardio Renal Disease
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c)				Unknown
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 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Hit by car
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22. I hereby certify that I attended the deceased from **2/15, 1952** to **2/29, 1952**, that I last saw the deceased alive on **2/29, 1952**, and that death occurred at **10:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] M.D.		23b. ADDRESS 4448 Easton	23c. DATE SIGNED 3/1/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Mar. 2, 1952	24c. NAME OF CEMETERY OR CREMATORY Louisville, Mississippi.	24d. LOCATION (City, town, or county) (State) Miss.
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DATE REC'D BY LOCAL REG. MAR 3 1952	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wright Funeral Home 3100 Easton Ave.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

3/1/52
A.P.M.

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.

Student _____
Student Embalmer

Signed

Arthur L. Hilliard

Licensed Embalmer No.

4221

P. O. Address

4524 Aldine

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.