

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-044677  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11085**

**FILED NOV 26 1962**

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
Rev. 4/59				
1				
2 <b>21</b>				
3				
4 <b>1</b>				
5 <b>0</b>				
6				
7 <b>0</b>				
8 <b>2</b>				
9				
10				
11				
12 <b>76-0</b>				
13				
<b>76</b>	SHOULD READ	BY AFFIDAVIT OF		

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b	c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Chronic Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>2528 No. Spring</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>JENNIE</b> Middle <b>NEMOURS</b> Last		4. DATE OF DEATH Month <b>11</b> Day <b>16</b> Year <b>62</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>May 2 1866</b> 9. AGE (last birthday) <b>96</b>
10a. USUAL OCCUPATION (Give <del>work done</del> <b>work done</b> during most of working life, even if retired) <b>Teacher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Music</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis Mo.</b> 12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>John Paul Nemours</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Schaefer</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b> 17. INFORMANT <b>Laura Weinsberg 3232 Lafayette</b> Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>MYOCARDIAL FAILURE</b>			INTERVAL BETWEEN ONSET AND DEATH <b>48 HOURS</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>CORONARY ARTERY DISEASE</b>			<b>20 YEARS</b>
DUE TO (c) <b>ARTERIOSCLEROTIC HEART DISEASE</b>			<b>20 YEARS</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>DECUBITUS</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>420-1</b>	
20c. TIME OF INJURY Hour <b>8:15</b> a.m. p.m. Month, Day, Year <b>8-2-1944</b>		20f. CITY, TOWN, OR LOCATION <b>St. Louis</b> COUNTY <b>St. Louis</b> STATE <b>Mo.</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from <b>8-2-1944</b> to <b>11-16-62</b> and last saw her alive on <b>11-16-62</b> Death occurred at <b>8:15 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>John J. Keenan, M.D.</b> (Degree or title)		22b. ADDRESS <b>5800 Arsenal Ave</b>	22c. DATE SIGNED <b>11-18-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Nov. 19, 62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Zion</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis Cty Mo.</b>
24. FUNERAL DIRECTOR <b>E.J. Schnur 3125 Lafayette</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>NOV 19 1962</b>	26. REGISTRAR'S SIGNATURE <b>Roan Smith, M.D.</b>

USE BLACK INK OR TYPEWRITER RIBBON

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STATE OF DELAWARE



**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Joseph F. Palmer  
Licensed Embalmer No. \_\_\_\_\_

P. O. Address 3125 Lafayette

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.