

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29453

Do not use this space.

791
1003

SEP 10 1937

1. PLACE OF DEATH
- (a) County Registration District No.
- (b) Township Primary Registration District No. Registered No. 8086
- (c) City *St. Louis* (d) Street No. *Lutheran Hospital* St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
- (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME *Nannah Mayhugh*
- (a) Residence, No. *586 Ridge Ave.* St. *NR Webster Groves Mo.*
(Usual place of abode; if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F*
4. COLOR OR RACE *W.*
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Ellee C. Mayhugh*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *10-28-1878*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
- | | | | | |
|-----------|-----------|----------|-----------|--|
| <i>35</i> | <i>58</i> | <i>9</i> | <i>29</i> | |
|-----------|-----------|----------|-----------|--|

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo*

- FATHER
13. NAME *Unknown*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

- MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) *Ellee C. Mayhugh 586 Ridge Ave Webster Groves*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Johns* DATE *8-30-37*

19. FUNERAL DIRECTOR (ADDRESS) *Webster Groves Funeral Home 23 Lockwood Ave Webster Groves*

20. FILED *J. F. Bredeck* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *8-27-1937*
22. I HEREBY CERTIFY, That I attended deceased from *6-10-37*, 19, to *8-27-37*, 19. I last saw her alive on *8-27-37*, 19. Death is said to have occurred on the date stated above, at *9:00 a.m.*

The principal cause of death and related causes of importance were as follows:

Carcinoma of cervix metastatic to liver

Date of onset *1 yr.*

Other contributory causes of importance: *Secondary anemia* *3 mo*

Name of operation Date of
What test confirmed diagnosis? *Microscopic* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify
(Signed) *Theo. H. Hauser*, M. D.
(Address) *3651 Grandbl Spr*

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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AUG 28 1937

STATEMENT BY LICENSED EMBALMER

I, Benj. C. Duncan, Licensed Embalmer No. 2272

hereby certify that the body recorded on the reverse side of this certificate was embalmed by M

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Benj. C. Duncan
Licensed Embalmer No. 2272

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.)