

IAN 10 1938

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

43799  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791  
(b) Township ..... Primary Registration District No. 1003  
(c) City St. Louis (d) Street No. Homer G. Phillips Hosp. St. 12049  
(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

Leroy Norris Nunley Jr.

(a) Residence, No. 4414 Enright Ave. St. 19  
(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 M 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) -

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-23-1937

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.  
11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. -  
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 Leroy Norris Nunley  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Lillie Mae Fields

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

17. INFORMANT (ADDRESS) Arthur W. Sherard  
2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE CITY CEMETERY DATE DEC 30 1937

19. FUNERAL DIRECTOR (ADDRESS) Dr. Hamilton  
City Health Dept

20. FILE NO. DEC 29 1937 Local Registrar. J. Bredbeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-4-1937

22. I HEREBY CERTIFY, That I attended deceased from 11-23-, 1937 to 12-4-, 1937  
I last saw him alive on 12-4-, 1937. Death is said to have occurred on the date stated above, at 9:55x a. m.  
The principal cause of death and related causes of importance were as follows:

1606  
Prematurity 11-23- 1937  
Other contributory causes of importance:  
Cerebral Hemorrhage 14-4- 1937

Name of operation ..... Date of .....  
What test confirmed diagnosis? clinical Was there an autopsy? Yes

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.  
Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify .....  
(Signed) H. E. Thornell, M. D.  
(Address) # 9 Phillips Hosp.

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.

102-88-10

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

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

..... L. E. ....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**