

No. 2
13-40
17-39
223159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. **29043**
Registrar's No. **7845**

FILED OCT 6 1942

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. JOHN'S Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair
(c) City or town East St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2866 N. 89th
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME JAMES NANCE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased FEB. 22, 1908
(Month) (Day) (Year)
8. AGE: 34 Years Months Days If less than one day
36 6 28 hr. min.

9. Birthplace Paducah Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Welder

11. Industry or business _____

MOTHER FATHER { 12. Name Richard Nance
13. Birthplace not known Ky
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Graves
15. Birthplace not known Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Chas Burke
(b) Address East St. Louis, Ill

17. (a) Burial (b) Date thereof Sept. 23, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East St. Louis, Ill

18. (a) Signature of funeral director Chas Burke
(b) Address East St. Louis, Ill

19. SEP 21 1942 (b) J. F. Brink
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20
year 1942 hour 9 minutes 40P M.

21. I hereby certify that I attended the deceased from Aug 8
1941, to Sept 20, 1942
that I last saw h. im alive on Sept 20, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Extreme Malnutrition
Metastatic Sarcoma
Due to Chondrosarcoma
involving 10th, 11th and 12th ribs
Due to Primary in ribs
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations as above
Of autopsy _____

Duration
About
1 yr.
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
While at work? (e) Means of injury _____
23. Signature Robert F. Hickey (M. D. or other)
Address 634 W. Grand Date signed 9/21/42

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

PA key

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Chas M. Burke

Licensed Embalmer No. 2421

P. O. Address East St Louis

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.

29043