

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 21 1942

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **10394**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution Childrens Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days  
In this community 7 days  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Illinois (b) County Madison  
(c) City or town Granite City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2519 Sheridan  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 2

3. (a) PRINT FULL NAME DELLA ANN NONN

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct. 10 - 1941  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>2</u>	<u>1</u>	hr. _____ min. _____

9. Birthplace Granite City Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Earl Nonn

13. Birthplace Granite City Ill.  
(City, town, or county) (State or foreign country)

14. Maiden name Jean Blount

15. Birthplace Venice Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant EATL NONN

(b) Address Granite City Ill.

17. (a) Removal (b) Date thereof Dec 11 - 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Madison Ill.

18. (a) Signature of funeral director Francis J. Fahy

(b) Address Madison Illinois

19. (a) 12-14-42 (b) J. F. Boudack  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11  
year 1942 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 4, 42  
to Dec 11, 42, 19;  
that I last saw her alive on Dec 11, 42, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculous Meningitis

Due to \_\_\_\_\_

Due to 14

Other conditions 24  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy Same as above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature R. J. Bluthner (M. D. or other) \_\_\_\_\_

Address 107 Dr. Kuyper Date signed \_\_\_\_\_

Duration

3 weeks

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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..... *Francis J. Lakey* .....

Licensed Embalmer No..... *2792* .....

P. O. Address..... *Madison Ill* .....

**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.