

FILED JAN 13 1943 18

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **802 No. Jefferson Ave 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: **In hospital or institution**
In this community **0** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **802 No. Jefferson**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Willie Nunn**

3. (b) If veteran, name war **0** 3. (c) Social Security No. **0**

4. Sex **male** 5. Color or race **Black** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Alvorth Nunn** 6. (c) Age of husband or wife if alive **0** years
7. Birth date of deceased **abt 1906**
(Month) (Day) (Year)

8. AGE: Years **36** Months Days If less than one day
abt hr. min.

9. Birthplace **mo 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **laborer**

11. Industry or business

MOTHER FATHER
12. Name **unknown**
13. Birthplace **unknown** 9
(City, town, or county) (State or foreign country)
14. Maiden name **unknown**
15. Birthplace **unknown** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **James J. Ferguson**

(b) Address **1300 Clark**

17. (a) **burial** (b) Date thereof **12-11-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington**

18. (a) Signature of funeral director **W. J. ...**

(b) Address **320 Rutledge St**

19. (a) **DEC 29 1942** (b) **J. J. ...**
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **22**
year **1942** hour **7** minute **10** P.M.

21. I hereby certify that I attended the deceased from **0** to **0** 19 **0**;
that I last saw him **0** alive on **0** 19 **0**;
and that death occurred on the date and hour stated above.

Immediate cause of death: **Ruptured Aortic Aneurysm**
Cause undetermined

Due to **0**
Due to **0**
Other conditions (Include pregnancy within 3 months of death) **0**

Major findings: Of operations **0**
Of autopsy **0**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **0**
(b) Date of occurrence **0**
(c) Where did injury occur? (City or town) (County) (State) **0**
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **0**

While at work? (Specify type of place) (a) Means of injury **0**

23. Signature **W. J. ...** (M. D. or other) **0**
Address **0** Date signed **12/11/42**

Duration **0**
PHYSICIAN **0**
Underline the cause to which death should be charged statistically.

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.