

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7003

FILED FEB 17 1956

318

1003

State File No.

920

Registrar's No.

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) St Louis, Mo.		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St Louis, Mo.			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4362 Easton Ave		STREET ADDRESS (If rural, give location) 4362 Easton Ave		211/2			
3. NAME OF DECEASED (Type or Print) Lula Nunley		a. (First)		b. (Middle)			
5. SEX Female		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			
8. DATE OF BIRTH Dec 25 1898		9. AGE (In years last birthday) 57		10. MONTH (Day) (Year) 1-20-56			
11. BIRTHPLACE (City and State or Foreign Country) Lemore Miss.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. DATE OF DEATH			
13a. FATHER'S NAME James Gibson		13b. MOTHER'S MAIDEN NAME /Bettie Ambro		14. NAME OF HUSBAND OR WIFE James Nunley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Nunley 4362 Easton Ave			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Flame burns of body (95%) Acute Pulmonary Oedema Antecedent Causes Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) suffered in fire in house DUE TO (c) of undetermined origin, at 4362 Easton Ave., about 11:58am II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. January 20 1956.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) St Louis MO (COUNTY) (STATE)			
21d. TIME OF INJURY Jan 20 56 11:58 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR E916-016			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:15 p.m., from the causes and on the date stated above.							
23a. SIGNATURE James M Kelly		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 1-27-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-27-56		24c. NAME OF CEMETERY OR CREMATORY Father Dickson Cem.			
24d. LOCATION (City, town, or county) St Louis, Mo.		24e. (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A.L. Beal Und Co. 4303 Delmar Blvd.			
DATE REC'D BY LOCAL REG. JAN 27 1956		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			

WRITE PLAINLY—USING 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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Daniel M. Hughes*.....

Licensed Embalmer No. *48*.....

P. O. Address *4415-a MA*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.