

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012099

STATE FILE NUMBER

FILED MAR 18 1958

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2114**

1. PLACE OF DEATH a. COUNTY Missouri		2. USUAL RESIDENCE where deceased lived. If institution: Residence before admission a. STATE Illinois b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN E. St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MIS. PACIFIC HOSPITAL		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 322 ADDRESS 1511 South 6th Street
3. NAME OF DECEASED (Type or print) First HERBERT Middle (NUNN) Last NUNN		4. DATE OF DEATH Month Feb Day 18 Year 1958	
5. SEX Male	6. COLOR OR RACE COLOL	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-7-1900
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Genor. Lamp Lighter Railroad		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Shuqulak, Mississippi
13. FATHER'S NAME unknown		14. MOTHER'S MAIDEN NAME unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT Address Kuchie B. Nunn 1511 So. G
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Passive Congestion of Lungs. DUE TO (b) Pneumonia! DUE TO (c) Arteriosclerotic Ht Dis. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Arteriosclerosis, genl.			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 420-0	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 2-17-58 to 2-18-58 and last saw him alive on 2-18-58 Death occurred at 2:39 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Doctor or title) Charles K. ...		22b. ADDRESS 1755 S. ...	22c. DATE SIGNED 2/18/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-21-58	23c. NAME OF CEMETERY OR CREMATORY Booker Washington	23d. LOCATION (City, town, or county) (State) E. St. Louis, Illinois
24. FUNERAL DIRECTOR ADDRESS C. T. NASH FUNERAL HOME		25. DATE RECD. BY LOCAL REG. FEB 21 '58	26. REGISTRAR'S SIGNATURE Charles Smith MD

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 *M. James Nash*.....

Licensed Embalmer No. *44*.....

P. O. Address *111 W. 13th*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.