

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024990
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6425

FILED JUL 12 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b <u>8Hrs.</u>	c. CITY OR TOWN <u>University City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis City Hospt.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>7634 Carleton Ave.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED First Middle Last <u>Melba E Nance</u>			4. DATE OF DEATH Month Day Year <u>June 28 1962</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>7-13-1914</u>
9. AGE (last birthday) <u>47</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Secy.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>YWCA</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis Co., Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Ward Weaver</u>	
13b. MOTHER'S MAIDEN NAME <u>Mable Torrence</u>		14. NAME OF HUSBAND OR WIFE <u>Julian Nance, Divorced</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>*****</u>	17. INFORMANT Address <u>Anna Mason 6350 Wellsmar Ave.</u>
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hemorrhage from the liver as the result of traumatic laceration; Extensive hemorrhage in retro-peritoneal space originating from left kidney pedicle; Cerebral Oedema; suffered when struck by car operated by one Harry Stort, in vicinity of 15th & 25th W. Carleton about 9:10 P.M., June 27th, 1962.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Do not restate the disease condition given in PART I (a)) <u>Accident.</u>			INTERVAL BETWEEN ONSET AND DEATH <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N. <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>see above</u>	
20c. TIME OF INJURY Hour <u>9:10</u> a.m. p.m. Month, Day, Year <u>6-27-62</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>street</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>25 St. Louis, Mo</u>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>5:10a.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Joseph P. ... Deputy</u>		22b. ADDRESS <u>1300 Clark</u>	22c. DATE SIGNED <u>6-29-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>7-2-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis, Co., Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>J.W. Clark F.H. 1125 Hodiament Ave.</u>		25. DATE RECD. BY LOCAL REG. <u>JUN 29 1962</u>	26. REGISTRAR'S SIGNATURE <u>Hoan Smith, M.D.</u>

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 *W. W. Williams*

Licensed Embalmer No. 4511
P. O. Address *A. Davis, Mo.*

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.