MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

2591

1. PLACE OF DEATH
County St Louis — Registration District No. 1123 — File No.
Township [illegible] — Primary Registration District No. 8248 — Registered No. 3
City St Louis (No. 9101 So Broadway Mt. St. Rose St. Ward)

2. FULL NAME Robert Nunn
(a) Residence. No. 4001 Lincoln St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar-16-1913

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
16	9	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: School boy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Wm Nunn
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Marguerite Mack
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT Mack Nunn (Bro)
(Address) 4001 Lincoln

15. FILED Jan 2, 1930 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-2 1930

17. I HEREBY CERTIFY, That I attended deceased from 11-28, 1929, to 1-2, 1930 that I last saw h. alive on 1-2, 1930, and that death occurred, on the date stated above, at 3150 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary T B.
25
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) T B enteritis
(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Charles W Ehlers, M. D
, 19 (Address) 9101 So Broadway

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary
DATE OF BURIAL: Jan 4 1930

20. UNDERTAKER: Arthur J Donnelly
ADDRESS: 2039 Nash St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.