

OCT 4 1937

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

32791
Do not use this space.

1. PLACE OF DEATH

(a) County.....

(b) Township St. Louis

(c) City.....

Registration District No. 791Primary Registration District No. 1003(d) Street No. City Hospital

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred

yrs. mos. ds.

(f) How long in U. S., if of foreign birth?

yrs. mos. ds.

C. 8980

2. PRINT FULL NAME

Baby Nunnery(a) Residence, No. 1800 TexasSt. 23

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
female4. COLOR OR RACE
white5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)
single5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept. 20, 1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, 1 hrs.
or 47 min.

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.9. Industry or business in which work
was done, as saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)St. Louis, Missouri

FATHER

13. NAME

George Nunnery14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Kansas

MOTHER

15. MAIDEN NAME

Helen Nunnery16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Texas17. INFORMANT
(ADDRESS)Hosp. Info M. Kent

18. BURIAL

Cremation or Removal

PLACE

St. Matthews Cemetery9/22, 193719. FUNERAL DIRECTOR
(ADDRESS)C. N. McLaughlin
3039 Lafayette Ave

20. FILED

19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

9/20/37

19

22. I HEREBY CERTIFY, That I attended deceased from

9/20/379/20/37

19

to 9/20/37

19

I last saw her alive on 9/20/3710.40

19

Death is said

to have occurred on the date stated above, at 10.40 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Anderson

M. D.

(Address)

City Hospital no. 1

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, David C. Gibson, Licensed Embalmer No. 3454
hereby certify that the body recorded on the reverse side of this certificate was embalmed by David C. Gibson
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed David C. Gibson
Licensed Embalmer No. 3454

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.)