

No. 1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23837

FILED AUG 28 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6179

1. PLACE OF DEATH:
(a) County. St. Louis.
(b) City or town. St. Louis.
(c) Name of hospital or institution: City Infirmary.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. December 31, 1936
44yrs. (Specify whether
In this community. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State. Mo. (b) County. St. Louis.
(c) City or town. St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal St. 13
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME Nelson Lundy.
3. (b) If veteran, name war. 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 4,
year 1941. hour 6:00 minute A. M.
21. I hereby certify that I attended the deceased from December
31, 1936, to July 4, 1941;
that I last saw him alive on July 4, 1941;
and that death occurred on the date and hour stated above.

4. Sex Male
5. Color or race Colored
6. (a) Single, widowed, married, divorced, widower
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unknown 1860
(Month) (Day) (Year)

Immediate cause of death Undiagnosed.
generalized arterio
sclerosis
Due to 97
Due to
Other conditions Senility.
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
81 - - - hr. min.

Major findings: none
Of operations
Of autopsy. no autopsy
Underline the cause to which death should be charged statistically.

9. Birthplace Tenn.
(City, town, or county) (State or foreign country)
10. Usual occupation No Occupation
11. Industry or business X
12. Name Albert Lundy
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Louise (Bank)
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

MOTHER FATHER
16. (a) Informant E. Molony
(b) Address 5800 Arsenal St.
17. (a) (b) Date thereof 7-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation.
18. (a) Signature of funeral director W. R. ...
(b) JUL 29 1941
19. (a) (Date received local registrar) (b) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (r) Means of injury.....
23. Signature Loren Blaney (M. D. or other) Dms
Address Isolation Hosp. Date signed 7-7-41

WRITE PLAINLY—USE 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.