No. 2
4-41
7-39
X26390

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33364

Registration District No. 791 FILED NOV 24 1941

Primary Registration District No. 1003

Registrar's No. 8319

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DePaul Hospital D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 ½ months (Specify whether
In this community 18 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis 9 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3838 Botanical Avenue
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME NICHOLAS J. NUSSBAUM

3. (b) If veteran, name war Spanish American

3. (c) Social Security No.

4. Sex male D

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Lula May (Batsell)

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased March 2, 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	7	16	hr. min.

9. Birthplace Seneca, Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation Nurse

11. Industry or business DePaul Hospital

FATHER
12. Name Nicholas Nussbaum
13. Birthplace Alsase Loraine 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Laura Davis
15. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

16. (a) Informant Lula May Nussbaum
(b) Address 3838 Botanical Avenue

17. (a) Burial (b) Date thereof 10- 21-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Paris, Missouri

18. (a) Signature of funeral director A. H. McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) OCT 20 1941 (b) J. F. Bredick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day eighteenth
year 1941 hour 2 minute 00 P.M.

21. I hereby certify that I attended the deceased from About March ~~to~~ 1941, to 10/18/ 1941;
that I last saw him alive on 10/17/41 19
and that death occurred on the date and hour stated above.

Immediate cause of death
(1) Bronchopneumonia (Type undeterminable), terminal
Due to (2) Hemiplegia, left
(3) Cerebral hemorrhage Rt. (old)
Due to (4) Hypertensive Ht. Disease

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature David B. Klavan (M. D. or other)
Address 401 Humboldt Bldg Date signed 10/20/41

(Licensed Embalmer's Statement on Reverse Side)

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 Ralph C. Linders, Registered Apprentice No. 281 working under my personal supervision.

Signed Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette A

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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