

S. No. 2
M-9-4-41
v. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31390
State File No. _____
Registrar's No. 1941

FILED OCT 6 1942

Registration District No. _____ Primary Registration District No. 200

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

1. PLACE OF DEATH:

(a) County St. Louis

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Charles A. Nash

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eleanor Nash 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Sept. 8, 1882
(Month) (Day) (Year)

8. AGE: Years 60 Months 0 Days 14 If less than one day hr. min.

9. Birthplace Sharpsberg Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation U.S. Internal Revenue Agent

11. Industry or business J.S. Government

MOTHER FATHER

12. Name Charles A. Nash

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Nash
(b) Address 5845 Devonshire

17. (a) Burial (b) Date thereof 9-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 S. Kingshighway Blvd.

19. (a) SEP 25 1942 (b) C. D. McThurn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

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

(d) Street No. 5845 Devonshire
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22nd
year 1942 hour 1:30 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____

that I last saw h_____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Result of wounds inflicted with an ax in the hands of Robert Nash.

Due to Fracture of skull giving rise to intracranial hemorrhage.

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy Yes.

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) Homicide.

(b) Date of occurrence Sept. 22, 1942

(c) Where did injury occur? Hodershell & Utz Rds.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place

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

23. Signature Louis Boyd Brown (M) _____
Address Kirkwood, Mo. 9/25/42 Date signed _____

709

(Licensed Embalmer's Statement on Reverse Side)

NOV 2 1942

OCT 19 1942

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.