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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 30 1943

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 8172

Registrar's No. 2646

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: McDonald Aircraft Co. - Mo Valentine
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 999 19

(a) State Massachusetts (b) County

(c) City or town Boston (Roxbury)
(If outside city or town limits, write "RURAL")

(d) Street No. 43 Hasing st.
(If rural, give location)

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

If yes, name country 2

N.R.

3. (a) PRINT FULL NAME NATHAN L. CIBLEY

3. (b) If veteran, name war World War 1

3. (c) Social Security No. 011-16-9444

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased February (Month) 29 (Day) 1896 (Year)

8. AGE: Years 47 Months 0 Days 18 If less than one day hr. min.

9. Birthplace Boston (City, town, or county) Mass. (State or foreign country)

10. Usual occupation Chemist

11. Industry or business McDonald Aircraft Co.

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Nathan Efron Nathan Efron

(b) Address Vets. Adm. Jeff. Bks. Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof March 19, 43 (Month) (Day) (Year)

(c) Place: burial or cremation Boston, Massachusetts

18. (a) Signature of funeral director C. Hoffmeister U.A.L.O.

(b) Address 7814 S. Broadway

19. (a) MAR 19 1943 (Date received local registrar) (b) J. F. Fredrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17 year 1943 hour minute 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 — Duration

Coronary Occlusion

Due to Coronary Sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 Thomas F. Callan (M.D. or other)

Address Deputy Coroner Date signed 3-19-43

(Licensed Embalmer's Statement on Reverse Side)

Coroner

APR 5 1943

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 Louis C. Hoffmeister, Registered Apprentice No. ....., working under my personal supervision.

Signed Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.