

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23312**
Registrar's No. **6883**

Registration District No. **1003**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution, 5 days
In this community 40 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Henry Nash

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

4. Sex M, 5. Color or race Col 6. (a) Single, widowed, married, divorced 9

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

7. Birth date of decedent abt 1867
(Month) (Day) (Year)

8. Age abt 75 Years Months Days If less than one day hr. min.

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

10. Usual occupation Mo

11. Industry or business Mo

12. Name Mo

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

14. Maiden name Mo

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

16. (a) Informant Hospital Record

(b) Address 2661 Whittier

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 7-30-43 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director English Ind Co

(b) Address 9931 Broadway Ave

19. (a) JUL 30 1949 (Date received local registrar) (b) J. J. Budeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17
9 21
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3036 Pine Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1943 hour 2 minute 00 A. M.

21. I hereby certify that I attended the deceased from July 21,
1943 to July 26, 1943
that I last saw him alive on July 26, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease
Duration Unk.

Due to _____

Due to _____

Other conditions 92
(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? _____

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

23. Signature J. J. Budeck (M.D. or other)

Address 2661 W. Whittier Date signed 7/27/43

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.....

Burleson English

Licensed Embalmer No.....

4268

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.