

S. No. 2
DM-5-43
v. 5-17-39
I X36671

State File No. _____

FILED MAR 6 1944

318

Registration District No. _____ Primary Registration District No. 1002

Registrar's No. 2024

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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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1 mo; 21 days
(Specify whether
In this community 8 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 802 N Jefferson
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward Nash

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

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

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

7. Birth date of deceased. Sept 16 1905
(Month) (Day) (Year)

8. AGE: Years 38 Months 4 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Bartender

11. Industry or business _____

MOTHER FATHER { 12. Name John Nash
13. Birthplace Unk Va
(City, town, or county) (State or foreign country)
14. Maiden name Charlotte Allen
15. Birthplace Unk Va
(City, town, or county) (State or foreign country)

16. (a) Informant S T Coleman
(b) Address Homer G Phillips Hospital

17. (a) Antoinette Booth (b) Date the body was received 2-4-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director [Signature]

(b) Address 3030 Rutland
19. (a) Feb 29 1944 (b) J. F. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2
year 1944 hour 4 minute 40 P.M.

21. I hereby certify that I attended the deceased from January 12, 1944 to February 2, 1944
that I last saw him im alive on February 2, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis Duration Unknown

Due to _____
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? _____

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

23. Signature Alva Moore (M. D. or other) _____
Address 2601 N Whittier St Date signed 2-3-44

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.