

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X30671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19065

FILED JUL 14 1945 18

Registration District No. Primary Registration District No. 1003 Registrar's No. 5420

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

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

(c) Name of hospital or institution:
City Margie 4442 Manchester 1
(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

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. 4244 Manchester Ave.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Frank Nabors

3. (b) If veteran, name war No

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
year 1945 hour 3 minute 30 M.

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

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

4. Sex Male (1) 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Katherine (2) - Age of husband or wife if _____
alive _____ years

7. Birth date of deceased Oct. 18 1875
(Month) (Day) (Year)

Immediate cause of death _____ Duration _____

Due to Chronic Myocarditis

Other conditions Chronic Interstitial Nephritis

(Include pregnancy within 3 months of death) 1/21 a

8. AGE: Years Months Days If less than one day

69	8	4	_____ hr. _____ min.
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Other conditions _____

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Switchman

11. Industry or business Railroad

12. Name Henry Nabors

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

14. Maiden name Mary Arnold

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

16. (a) Informant Harry Nabors Mo.

(b) Address 738 Eunice Webster Groves

17. (a) Burial (b) Date thereof 6 25 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

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? _____

19. (a) Jun 14 1945 (b) J. F. Bredbeck
(Date received) (Registrar's signature)

23. Signature Patrick E. Taylor (Specify type of place) _____
While at work? _____ Means of injury _____
Address Rep. Co. (M.D. or other) _____ Date signed 6/23/45

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

MOTHER FATHER

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.....

Edurn M. Beruett

Licensed Embalmer No.

3024

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.