

No. 2
3-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

4092

FILED FEB 5 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 217

Primary Registration District No. 3069

Registrar's No. 262

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Marys Hospt.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96
(c) City or town St. Louis County. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 1001 N. Kirkwood Rd/ 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Baby Gary Willard Nance

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

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased Jan. 22 1946
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 6 If less than one day
hr. _____ min. 0

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

10. Usual occupation _____

11. Industry or business _____

12. Name Jess Willard Nance

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

14. Maiden name Lena Ardeen Gan.

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

16. (a) Informant Jess Nance.

(b) Address 1001 Kirkwood Rd.

17. (a) Burial (b) Date thereof 1/29/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Jay B. Smith Funeral Ho

(b) Address 7456 Manchester, Maplewood Mo.

19. (a) 2-1-46 (b) E. M. Sarant
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28
year 1946 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan. 22 1946 to Jan 28 1946
that I last saw him alive on Jan 27 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Splena bifida 6 days
Congenital defect
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Duration
6 days
PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy _____

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 E. M. Sarant (M. D. _____)
Address 7216 Manchester Date signed 1-29-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
2014

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 3454

....., Registered Apprentice No.
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Newmarket

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.