No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 6 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7200

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 439

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 3 da. (Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis County
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 437 So. Maple
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

96
7
4
1

3. (a) PRINT FULL NAME Robert Nantz
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Col.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida Josephine
6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased May (Month) 20 (Day) 1878 (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	8	5	hr. min.

9. Birthplace Davis County (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business
FATHER
12. Name Morticatauener Nantz
13. Birthplace Washington Co. (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Nancy Goodwin
15. Birthplace (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Ida Josephine Nantz
(b) Address 437 So. Maple, Webster Grove
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery
18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) Address 131 N. Argonne Dr. Kirkwood
19. (a) 3-3-47 (Date received local registrar) (b) Ruth J. Allen MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25 year 1947 hour 12 minute 40 P.M.
21. I hereby certify that I attended the deceased from Jan. 22, 1947, to Feb 25, 1947, that I last saw him alive on Feb 25, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of colon	
Due to	
Due to	

462

Other conditions Hypertensive-arteriosclerotic heart disease
(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 [signature] M.D. (M.D. or other)
Address 601 Brentwood Blvd. Clayton Date signed 2/25/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAR 1 1947
ST. LOUIS COUNTY
HEALTH DEPT.
CLAYTON, MO.

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 Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood (23) Mo

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.