

S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 21 1947
318

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 15493
Registrar's No. 3793

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Josephine Hospital
(d) Length of stay: 28 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Overland
(d) Street No. 9208 Delphine Avenue
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME Robert C. Nunley.
3. (b) If veteran, name war None
3. (c) Social Security No. 500-16-0525

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive
7. Birth date of deceased: February 1, 1923

8. AGE: Years Months Days If less than one day
24 2 7 hr. min.

9. Birthplace St. Louis County, Missouri
10. Usual occupation Stockroom Clerk.

11. Industry or business
12. Name John C. Nunley.
13. Birthplace Fulton, Kentucky
14. Maiden name Louise Ganz.
15. Birthplace Herman, Missouri

16. (a) Informant Mrs. Louise Nunley.
(b) Address 9208 Delphine Avenue.
17. (a) Burial (b) Date thereof 4-11-1947.
(c) Place: burial or cremation Valhalla Cemetery.
18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.
19. (a) APR 10 1947 (b) J. F. Bredeek

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 8th.
year 1947 hour 4.30 minute P.M.
21. I hereby certify that I attended the deceased from March 1, 1947 to 4-8-1947
that I last saw him alive on 4-8-1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Serous carcinoma of intra-abdominal jejunum
Due to: Congenital undescended testicle (left)
Other conditions: 51C
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature: Herman J. Reiber (M. D. or other)
Address: 9621 Haddley Rd. Date signed: 4-8-47

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

MOTHER FATHER

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

Dr. H. J. Kloecker.
9621 Lackland Road.
Wabash 1855

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 John Ketter

Licensed Embalmer No. 3880

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.