S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 22 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

19184
State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4833

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution 4 weeks (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Montgomery
(c) City or town Donnellson
(If outside city or town limits, write "RURAL")
(d) Street No. N.R. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lee Claire Nash
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edna Nash
6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased June (Month) 29 (Day) 1908 (Year)

8. AGE: Years 38 Months 10 Days 13 If less than one day hr. min.

9. Birthplace Bond County (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farming
FATHER 12. Name George A. Nash
13. Birthplace Bond County (City, town, or county) Illinois (State or foreign country)
MOTHER 14. Maiden name Anna File
15. Birthplace Bond County (City, town, or county) Illinois (State or foreign country)
16. (a) Informant George A. Nash
(b) Address Greenville, Illinois
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/14/47 (Month) (Day) (Year)
(c) Place: burial or cremation Reno, Illinois
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) MAY 13 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th year 1947 hour 2 minute 00 P M.
21. I hereby certify that I attended the deceased from 10-25, 1946, to 5-12-, 1947, that I last saw him alive on 5/12, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer of Testicle	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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 Lawrence M. Conley (M. D. or other) M.D.
Address 462 No. Taylor Date signed 5/13/47
St. Louis, Mo

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

No Embalm

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.