No. 2
1/47
5-17-39

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

#77816

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 24 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36110

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9228

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 St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

25

(d) Street No. 1603 Market Street. 9
(If rural, give location)

0

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

If yes, name country

3. (a) PRINT FULL NAME ORRIN NASH

3. (b) If veteran, name war No.

3. (c) Social Security No. 498-05-8218

4. Sex Male()

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Estelle Nash

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased March (Month) 24 (Day) 1881 (Year)

8. AGE: Years 66 Months 6 Days 9 If less than one day hr. min.

9. Birthplace Wadesville (City, town, or county) Indiana (State or foreign country) 1

10. Usual occupation Cabinet maker

11. Industry or business Grace Sign Company

FATHER
12. Name Unknown Nash
13. Birthplace Unknown (City, town, or county) Indiana (State or foreign country) 1

MOTHER
14. Maiden name Nancy Anderson
15. Birthplace Unknown (City, town, or county) Indiana (State or foreign country) 1

16. (a) Informant Estelle Nash
(b) Address 1603 Market Street.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 10/6/47 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) OCT - 5 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3rd year 1947 hour 5:35 minute A M.

21. I hereby certify that I attended the deceased from 9/23/47, 19..., to Oct. 3rd, 19 47 that I last saw him alive on Oct. 3rd, 19 47 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Embolus	12 hrs
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Benign Prostatic Hypertrophy	1 yr.
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 0

23. Signature O K Tark (M. D. or other)

Address 1515 Lafayette 9 Date signed 10/4/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Henry A. Brammer

Licensed Embalmer No. 4200

P. O. Address St. Louis

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.