

FILED JUL 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22153

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1364

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased-lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis Wellston</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wellston</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1321 Leroy</u>		d. STREET ADDRESS (If rural, give location) <u>1321 Leroy</u>	

3. NAME OF DECEASED (Type or Print) <u>Tamotsu</u>	a. (First) <u>Ralph</u>	b. (Middle) <u>Nozawa</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>6-4-49</u>
---	-------------------------	---------------------------	-----------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Japanese</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 10, 1905</u>	9. AGE (In years last birthday) <u>43</u>	IF UNDER 1 YEAR Month Days <u>43</u>	IF UNDER 24 HRS. Hours Min. <u>43</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cleaner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Cleaning</u>	11. BIRTHPLACE (State or foreign country) <u>Isleton, California</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>			

13a. FATHER'S NAME <u>Sugimatsu Nozawa</u>	13b. MOTHER'S MAIDEN NAME <u>Ichi Yamamoto</u>	14. NAME OF HUSBAND OR WIFE <u>Mary M. Nozawa</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>Nil</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary M. Nozawa</u>	ADDRESS <u>1321 Leroy</u>
---	------------------------------------	---	---------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Melanotic Carcinoma of Transverse Colon.</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>462</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Ca of transverse Colon</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>153X</u>
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from June 1, 1949, to June 4, 1949, that I last saw the deceased alive on June 4, 1949, and that death occurred at 2 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Robert Koch</u>	(Degree or title) <u>M. D.</u>	23b. ADDRESS <u>3720 Washington</u>	23c. DATE SIGNED <u>6-6-49</u>
---------------------------------------	--------------------------------	-------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	24b. DATE <u>6-8-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, County</u>
--	-------------------------	--	--

DATE REC'D BY LOCAL REG. <u>JUN 6 1949</u>	REGISTRAR'S SIGNATURE <u>Thurid L...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. H. Hoppe Inc.</u>	ADDRESS <u>4700 Washington</u>
--	--	--	--------------------------------

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Clement McQuay

Licensed Embalmer No. 3732

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.