

FILED SEP 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28384

318

1003

State File No. 7791

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: resting place of admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>St. Louis, Mo</u>)		c. LENGTH OF STAY (in this place) <u>3 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township OR TOWN <u>St. Louis</u>)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Children Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>20 2413 No. 23rd St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Kristina</u> b. (Middle) <u>Marie</u> c. (Last) <u>Nance</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 9 1949</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never</u>		8. DATE OF BIRTH <u>Nov. 29, 1946</u>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		9. AGE (In years last birthday) <u>2</u> IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.	
13a. FATHER'S NAME <u>J. Wayne Nance</u>			13b. MOTHER'S MAIDEN NAME <u>Marie McClain</u>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr Leonard Nance 2413 n 23 St.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bulbar Poliоencephalitis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>St. Louis</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>0 800</u>					
22. I hereby certify that I attended the deceased from <u>9-7</u> , 19 <u>49</u> , to <u>9-7</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9-7</u> , 19 <u>49</u> , and that death occurred at <u>3:45 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm G Klingberg MD</u> (Degree or title)				23b. ADDRESS _____		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-10-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery St. Louis, Co.</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>SEP 8 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Foster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Goodhart & Goodhart 2228 St. Louis</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

J. Wm. Binkley

Licensed Embalmer No.

3657

P. O. Address

St. Louis - 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.