

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39531**
Registrar's No. **4436**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3063		Registrar's No. 4436	
1. PLACE OF DEATH a. COUNTY St. Louis MO.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE MISSOURI b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) Clayton MO.		c. LENGTH OF STAY (In this place) 6 wks		c. CITY (If outside corporate limits, write RURAL and give township) S. Kinbeck PARK		d. STREET ADDRESS (If rural, give location) 18 Edsel St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION County Hospital				d. STREET ADDRESS (If rural, give location) 18 Edsel St.			
3. NAME OF DECEASED (Type or Print)		a. (First) ALBERT		b. (Middle) JOSEPH		c. (Last) NUNN	
4. DATE OF DEATH		(Month) 11		(Day) 17		(Year) 49	
5. SEX M.		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 4/19/05	
9. AGE (In years last birthday) 44		IF UNDER 1 YEAR Months 7 Days 2		IF UNDER 1 HR. Hours 2 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister		10b. KIND OF BUSINESS OR INDUSTRY CHRISTIAN		11. BIRTHPLACE (State or foreign country) St. Louis MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Nunn		13b. MOTHER'S MAIDEN NAME Lotty Unknown		14. NAME OF HUSBAND OR WIFE Gerthe Nunn.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO.		16. SOCIAL SECURITY NO. 289-09-8639		17. INFORMANT'S SIGNATURE OR NAME Hattie Whitten			
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Glomerulonephritis & uremia				INTERVAL BETWEEN ONSET AND DEATH	
		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. Chronic pericarditis				542X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 592X				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)			
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?			
22. I hereby certify that I attended the deceased from 10-5-1949 , to 11-17-1949 , that I last saw the deceased alive on 11-17-1949 , and that death occurred at 12:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Albert John DMD				23b. ADDRESS 601 Brentwood Clayton Mo		23c. DATE SIGNED 11-17-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/21/49		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county), (State) St. Louis MO.	
DATE REC'D BY LOCAL REG. 11-18-49		REGISTRAR'S SIGNATURE Herbert R. Douke M.D.		GENERAL DIRECTOR'S SIGNATURE Frederic S. Wagner		ADDRESS Price & Dozier, Fun Home	
(Licensed Embalmer's Statement on Reverse Side) 2829 Washington Blvd.							

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

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W 2

2100012 1 10/19/51

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 James Hyatt
Licensed Embalmer No. 4441

P. O. Address 2829 Washington

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.