

FILED DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH42660
State File No. 8419
Registrar's No.

318

PRIMARY REG. DIST. NO. 1003

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

1. PLACE OF DEATH a. COUNTY 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY St. Clair 8120	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 8 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary		d. STREET ADDRESS (If rural, give location) 1506 Rear Walnut	
3. NAME OF DECEASED (Type or Print) Earl Lee Nunn a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH 10-2-50 (Month) (Day) (Year)
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married 1	8. DATE OF BIRTH July 4, 1902
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY United States Radiator Co	9. AGE (In years last birthday) 48 IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (State or foreign country) Shugulak, Miss!		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Lee Nunn		13b. MOTHER'S MAIDEN NAME Harriet	14. NAME OF HUSBAND OR WIFE Lovene Nunn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. 348-05-3214	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lovene Nunn 1506 Rear Walnut
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary atelectasis of Right Lung INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Infectious Meningitis DUE TO (c) Traumatic Injury of Left Eye II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 340.3	
22. I hereby certify that I attended the deceased from Sept 24, 1950, to Oct 2, 1950, that I last saw the deceased alive on Oct 2, 1950, and that death occurred at 3:20 P.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) R.W. Kenney M.D.		23b. ADDRESS 150 N. Main, E. St. Louis, Ill.	23c. DATE SIGNED Oct 4, 1950
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10-6-50	24c. NAME OF CEMETERY OR CREMATORY Bookers Washington	24d. LOCATION (City, town, or county) (State) E. St. Louis, Ill.
DATE REC'D BY LOCAL REG. OCT 6	REGISTRAR'S SIGNATURE J.B. Pasater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.J. Nash 3847 Page	

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

C. G. Nash

Signed

Student Embalmer

Licensed Embalmer No. *2432*

P. O. Address *3847 Page Blv*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.