

FILED FEB 9 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

6478 (6478)  
State File No. \_\_\_\_\_

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: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>			
(b. CITY OR TOWN <b>ST. LOUIS</b> ) (If outside corporate limits, write RURAL and give township)		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <b>RICHMOND HEIGHTS</b> (If outside corporate limits, write RURAL and give township)		4500	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LUKES HOSPITAL</b> (If not in hospital or institution, give street address or location)				d. STREET ADDRESS (If rural, give location) <b>1210 LAY ROAD.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b>		b. (Middle) <b>W.</b>		c. (Last) <b>NAX.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1 4 50</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Sept. 3, 1881</b>	
9. AGE (In years last birthday) <b>69</b>		IF UNDER 1 YEAR Months <b>4</b> Days <b>1</b>		IF UNDER 24 HRS. Hours <b>1</b> Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life or within 1 year) <b>Retired! Exec. Asst. to</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Pres., Globe-Democrat.</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Alexander Nax.</b>		13b. MOTHER'S MAIDEN NAME <b>Anna</b>		14. NAME OF HUSBAND OR WIFE <b>Sylvia Dawson Nax.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <b>No</b> (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Sylvia D. Nax; 1210 Lay Road.</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of the small colon</b>  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.				INTERVAL BETWEEN ONSET AND DEATH <b>8 mo.</b>	
19a. DATE OF OPERATION <b>July 12, 1950</b>		19b. MAJOR FINDINGS OF OPERATION <b>As above</b>				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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>153X</b>			
22. I hereby certify that I attended the deceased from <b>May 22</b> , 1950, to <b>Jan 4</b> , 1951, that I last saw the deceased alive on <b>Jan 4</b> , 1951, and that death occurred at <b>10 P.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>W. S. Brown</b> (Degree or title) _____				23b. ADDRESS <b>3903 Olive</b>		23c. DATE SIGNED <b>1/5/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-6-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>	
DATE RECEIVED BY LOCAL REG. <b>JAN 5 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Losater</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C.R. Lupton &amp; Sons; 7233 Delmar Blvd.,</b>			

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

MAR 27 1957

**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.....

*Arnold W. Schoene*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3864*

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.