

FILED NOV 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35844

State File No.

BIRTH NO. <u>73445-51</u>		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3063</u>		Registrar's No. <u>3521</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
a. COUNTY <u>ST. LOUIS</u>		b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>CLAYTON</u>		c. LENGTH OF STAY (in this place township) <u>9 hrs 35 min</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood Mo 4773</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>349 Aldridge</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>BABY BOY</u>		b. (Middle) <u>NANCE</u>		c. (Last) <u>NANCE</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>10 17 51</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>			
8. DATE OF BIRTH <u>10-17-51</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days <u>9 135</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>			
11. BIRTHPLACE (State or foreign country) <u>CLAYTON Mo</u>		12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Edgar Nance</u>		13b. MOTHER'S MAIDEN NAME <u>Jenny Hinkle</u>			
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jenny Nance 349 Aldridge</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory failure</u>				PRECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity</u> DUE TO (c)					
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 <u>7625</u>						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>7625</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 <u>10-17, 1951</u> , to <u>10-17, 1951</u> , that I last saw the deceased alive on <u>10-17, 1951</u> , and that death occurred at <u>1:45 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Alice Bronfenbrenner, M.D.D.</u>				23b. ADDRESS <u>6015 Brentwood Clayton</u>				23c. DATE SIGNED <u>10-26-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>ST. LOUIS CREMATORY ARSENAL</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>			
DATE REC'D BY LOCAL REG. <u>10-29-51</u>		REGISTRAR'S SIGNATURE <u>Thebert R. Dombi, M.D.S.</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>St. Louis County Hospital</u>			

(Licensed Embalmer's Statement on Reverse Side)

J.R.

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.