

# STANDARD CERTIFICATE OF DEATH

FILED SEP 23 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 2376

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>California</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) <u>University City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Vallejo</u>	
c. LENGTH OF STAY (in this place) <u>4 months</u>		8040	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7305 Pershing Avenue.</u>		d. STREET ADDRESS (If rural, give location) <u>Lincoln Hotel</u>	

3. NAME OF DECEASED (Type or Print)

a. (First) <u>JOHN</u>	b. (Middle) <u>QUINCY</u>	c. (Last) <u>NATIONS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 13, 1952.</u>
------------------------	---------------------------	--------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Jan 2, 1893</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
--------------------	-------------------------------	--	-------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Building Contractor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self employed</u>	11. BIRTHPLACE (State or foreign country) <u>St. Genevieve County Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	---	--

13a. FATHER'S NAME <u>Joseph Nations</u>	13b. MOTHER'S MAIDEN NAME <u>Dicie M. Nations</u>	14. NAME OF HUSBAND OR WIFE <u>Gladys Nations.</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>World War I.</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Herbert T. Nations,</u>	ADDRESS <u>7305 Pershing Ave.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of lung, left</u>		INTERVAL BETWEEN ONSET AND DEATH <u>One year?</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with metastases to 2d cervical vertebra, brain, and femur, left</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>163X</u>		

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) _____	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 May 1, 1952, to Sept 15, 1952, that I last saw the deceased alive on Sept 14, 1952, and that death occurred at 9:10A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Olaud S. Kieffer</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>4500 Olive</u>	23c. DATE SIGNED <u>Sept 15 1952</u>
--	--------------------------------	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 15, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hiram Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Missouri.</u>
---	--------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>9-13-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Shepard Funeral Home,</u>	ADDRESS <u>1167 Hamilton</u>
---	--	---	------------------------------

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

006

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 ME

working under my personal supervision.

Student Embalmer No.....

Signed Isaac W. Wilkinson

Signed.....  
Student Embalmer

Licensed Embalmer No. 3575

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.