

FILED APR 29 1953

STANDARD CERTIFICATE OF DEATH

State File No. 16653

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1030

4000
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY St. Louis County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Black Jack		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Black Jack	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Old Jamestown Road		Old Jamestown Road	

3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) James c. (Last) Nevin			4. DATE OF DEATH (Month) (Day) (Year) April 8, 1953		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3/24/34	8. DATE OF BIRTH Aug. 14, 1907	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months 7 DAY 24	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Processor	10b. KIND OF BUSINESS OR INDUSTRY Emerson Electric	11. BIRTHPLACE (State or foreign country) Cincinnati, Ohio.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Edward James Nevin	13b. MOTHER'S MAIDEN NAME Delia Catherine Cady	14. NAME OF HUSBAND OR WIFE Marceline Weeks Nevin
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 497-20-3266	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marceline Nevin, Old Jamestown Rd.
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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		INTERVAL BETWEEN ONSET AND DEATH 5 mos
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of lung		
	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.		163X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Bronchoscopy & biopsy confirmed above diagnosis	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **11-15**, 19 **52**, to **4/8/53**, 19 **53**, that I last saw the deceased alive on **Apr. 8th**, 19 **53**, and that death occurred at **5:45 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE James A. Hutchinson	(Degree or title) M. D.	23b. ADDRESS 114 North Taylor Ave.	23c. DATE SIGNED 4/9/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/11/53	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery,	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REG. 4-10-53	REGISTRAR'S SIGNATURE Herbert R. Domb	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. D. Ambruster Mortuary, 6633 Clayton Rd.
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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..... *Ernest W. Spillars*

Signed.....

Student Embalmer

Licensed Embalmer No..... *4080*

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.