

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26734  
6102

FILED AUG 12 1953

State File No. 26734  
Registrar's No. 6102

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 26734 6102	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <i>MO</i> b. COUNTY <i>St. Louis</i>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST. LOUIS</i>		c. LENGTH OF STAY (In this place) <i>9 Days</i>	c. CITY OR TOWN <i>Brookwood</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>BARNES HOSPITAL</i>			e. STREET ADDRESS (If rural, give location) <i>8750 Rosejane</i>		
3. NAME OF DECEASED (Type or Print) <i>ARTHUR</i>		a. (First)	b. (Middle) <i>JAMES</i>	c. (Last) <i>NALL</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>6 17 53</i>
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>COL</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>		8. DATE OF BIRTH <i>5/31/1924</i>	9. AGE (In years last birthday) <i>29</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State of Foreign Country) <i>Haystack Ala</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13a. FATHER'S NAME <i>Mark Nall</i>		13b. MOTHER'S MAIDEN NAME <i>Luc. Carr</i>		14. NAME OF HUSBAND OR WIFE <i>Mary Nall</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mary Nall 8750 Rosejane</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH MINUTES
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)			RUPTURE OF INCISION IN HEART		4- 6 YEARS 10-20 YRS
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			POST-OPERATIVE MITRAL VALVULOTOMY		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			DUE TO (b) MITRAL STENOSIS DUE TO (c) RHEUMATIC HEART DISEASE, INACTIVE		
19a. DATE OF OPERATION <i>6/17/53</i>		19b. MAJOR FINDINGS OF OPERATION <i>MITRAL VALVULOTOMY.</i>			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? <i>410X</i>	
22. I hereby certify that I attended the deceased from <i>6/9 1953</i> , to <i>6/17 1953</i> , that I last saw the deceased alive on <i>6/17 1953</i> , and that death occurred at <i>11:50p</i> m., from the causes and on the date stated above.					
23a. SIGNATURE <i>FR Munday</i>			23b. ADDRESS <i>600 S. KINGSHIGHWAY BLVD.</i>		23c. DATE SIGNED <i>6/18/53</i>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>6/22/53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Galton Dickson</i>		24d. LOCATION (City, town, or county) (State) <i>St Louis MO</i>
DATE REC'D BY LOCAL REG. <i>JUN 19 1953</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Lucas C Lewis 22 E. CLAWSON</i>	

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

288B

no

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.....  
Signature of Student Embalmer

Signed *A. Richardson*.....

Licensed Embalmer No. *2928*.....

P. O. Address *2625 Glave*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.