

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26747

FILED JUL 31 1953

State File No. _____
Registrar's No. 6046

BIRTH NO. 32754 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY <i>Booth-Memorial-Heape</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo.</i> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis Mo</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis Mo 2209</i>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <i>2718 University St.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Booth Memorial Hosp 20</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Infant</i> b. (Middle) _____ c. (Last) <i>Nugent</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>5-22-53</i>		
5. SEX <i>4</i>	6. COLOR OR RACE <i>W.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>C</i>	8. DATE OF BIRTH <i>5-22-53</i>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>St. Louis Mo.</i>	12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <i>Harold Brown Nugent</i>		13b. MOTHER'S MAIDEN NAME <i>Holmes Mac Kilshire</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>Mr. Harold Nugent (Father)</i>	
15. ADDRESS		17. ADDRESS			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		<i>Too Premature 24 weeks gestation</i>			<i>labors</i>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>776X</i>		

22. I hereby certify that I attended the deceased from *on May 22, 1953* to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at *8 1/2* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Leroy E. Ellison MD</i>		23b. ADDRESS <i>3610 So Broadway, St. Louis Mo</i>		23c. DATE SIGNED <i>May 22, 1953</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>6-30-53</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Anatomical Board</i>	
		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>			

DATE REC'D BY LOCAL REG. <i>JUN 17 1953</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Rowland 4104 Manchester</i>	
				ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.