

FILED SEP 24 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33805**  
**8288**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>15 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>3636 Evans Avenue</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DOA Homer Phillips Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>3636 Evans Avenue</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Magnolia</b>			b. (Middle) _____			c. (Last) <b>Nunn</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 23, 1953</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>May 17, 1928</b>		9. AGE (In years last birthday) <b>25</b>		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Okolona, Mississippi</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Packer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Peck Product Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Okolona, Mississippi</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	
13a. FATHER'S NAME <b>Willie Beans</b>		13b. MOTHER'S MAIDEN NAME <b>Pearl Richardson</b>		14. NAME OF HUSBAND OR WIFE <b>Stanley Nunn</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>494-26-7962</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Birdie Moffitt, 4533 Labadie</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		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, asphyxia, etc. It means the disease, injury, or complication which caused death.				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, asphyxia, etc. It means the disease, injury, or complication which caused death.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		MEDICAL CERTIFICATION <b>Shot wound skull to skull fracture; suffered when shot with gun in hands of one Nathaniel Cookite at home at 3630 Evans Ave., about 11:30 pm Aug. 23 1953</b>				INTERVAL BETWEEN ONSET AND DEATH <b>11:30 pm Aug. 23 1953</b>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>same at 3630 Evans Ave., about 11:30 pm Aug. 23 1953</b>				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 <b>Homicide</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <b>Homicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo</b>		21. HOW DID INJURY OCCUR? <b>E981X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Aug 23 53 11:30 pm</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21. HOW DID INJURY OCCUR? <b>E981X</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.						23. DATE SIGNED <b>8-26-53</b>	
23a. SIGNATURE (Degree or title) <b>Tateck L Taylor's Coroner</b>				23b. ADDRESS <b>1300 Clark Avenue</b>		23. DATE SIGNED <b>8-26-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>8/29/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>AUG 26 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>GATES FUNERAL HOME</b>		ADDRESS <b>Charles J. Gates, 4107 Finney Ave.</b>	

(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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed.....



Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.