

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**10313**

State File No. \_\_\_\_\_

BIRTH NO. FILED MAR 25 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2364

<b>1. PLACE OF DEATH</b> a. COUNTY _____		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jennings 414</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christian Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>5433 Helen Ave.</u>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>James</u>	b. (Middle) <u>M.</u>	c. (Last) <u>Nunn</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>March 13, 1954</u>
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<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Jan. 2, 1892</u>	<b>9. AGE</b> (In years last birthday) <u>62</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 12 HRS.</b> Hours _____ Mins. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Operator</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Public Service Co.</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Wayne Co., Missouri</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>Layfayette Nunn</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Massie Ward</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Lula Nunn</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>NO</u>	<b>16. SOCIAL SECURITY NO.</b> (If you give war or dates of service) <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Lula Nunn, 5433 Helen Ave.</u>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>5 hrs</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> <u>Cerebral Apoplexy</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Arteriosclerosis</u>  DUE TO (c) <u>Hypertension</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>334X</u>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from Jan 1953, to 13 March 1954, that I last saw the deceased alive on 13 March, 1954 and that death occurred at 1:15 P. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>Marion D. Bishop</u>	(Degree or title)	<b>23b. ADDRESS</b> <u>434 Wesley</u>	<b>23c. DATE SIGNED</b> <u>13 March 54</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>removal</u>	<b>24b. DATE</b> <u>3/16/54</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>St. Peters Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis Co., Missouri</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>MAR 15 1954</u>	<b>REGISTRAR'S SIGNATURE</b> <u>J. Earl Smith, M.D.</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>PROVCT UND. CO., 3710 No. Grand Bl</u>	<b>ADDRESS</b>
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E.P. (Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

7514

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

*Stanley H. Dixon*

Licensed Embalmer No.

*4193*

P. O. Address

*S. S.*

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.