

FILED OCT 4 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32061

8155

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>ST. LOUIS</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. CITY OR TOWN <b>PINE LAWN #151A</b>		d. If Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DE PAUL HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>3901 PHILBROOK</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>PAUL</b>		b. (Middle) <b>A.</b>		c. (Last) <b>NECE</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT-2-1954</b>		5. SEX <b>M</b> 6. COLOR OR RACE <b>W</b>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>MAR-16-1892</b>		9. AGE (In years last birthday) <b>62</b> 10. <b>5</b> 11. <b>16</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STORE MERCHANT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>GROCERIES</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>TOPEKA-KANS</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>FRANK NECE</b>		
13b. MOTHER'S MAIDEN NAME <b>PAULINE EWING-BEANETTE NECE</b>		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) <b>NO</b>		16. SOCIAL SECURITY NO. <b>187-38-0785</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Jeanette Nece</b> ADDRESS <b>3901 Philbrook</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Athermia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Atherosclerosis &amp; generalized arteriosclerosis</b>		DUE TO (c) <b>Cardiovascular disease</b>		<b>Unknown</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic Asthmatic Bronchitis</b>		<b>Unknown</b>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>442x</b>
22. I hereby certify that I attended the deceased from <b>9/17</b> , 19 <b>53</b> , to <b>9/2</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>9/2</b> , 19 <b>54</b> , and that death occurred at <b>7:45 P.M.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>Robert A. Baner MD</b> (Degree or title) _____		23b. ADDRESS <b>3731 Goodfellow</b>		23c. DATE SIGNED <b>9/3/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>SEPT 6-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>HIRAM CEMETERY</b>
24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY - MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. B. Tanner</b> ADDRESS <b>6107 Natural Bridge</b>		
DATE REC'D BY LOCAL REG. <b>SEP 4 1954</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith MD</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.....  
Signature of Student Embalmer

Signed *John S. Reno*.....

Licensed Embalmer No. *419*.....

P. O. Address *St. Louis*.....

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.