

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 29 1955

State File No. **31281**
Registrar's No. **8178**

318

PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Pronounced dead City Hospital				e. STREET ADDRESS (If rural, give location) 6616 Hancock ave.			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) Henry		c. (Last) Nation		4. DATE OF DEATH (Month) (Day) (Year) September 18, 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 3, 1919	
9. AGE (In years last birthday) 36		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman		10b. KIND OF BUSINESS OR INDUSTRY City of St. Louis		11. BIRTHPLACE (City and State or Foreign Country) Royalton, Illinois	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME Charles Nation		13b. MOTHER'S MAIDEN NAME Gladys Schafer		14. NAME OF HUSBAND OR WIFE Jane	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW-2		16. SOCIAL SECURITY NO. 445-18-2829		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Jane Nation 6616 Hancock			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Internal Hemorrhage, Fracture of Ribs; Laceration of Both Lungs; Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. ANTECEDENT CAUSES _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Due to (a) & (b) & (c) & (d) & (e) & (f) & (g) & (h) & (i) & (j) & (k) & (l) & (m) & (n) & (o) & (p) & (q) & (r) & (s) & (t) & (u) & (v) & (w) & (x) & (y) & (z) & (aa) & (ab) & (ac) & (ad) & (ae) & (af) & (ag) & (ah) & (ai) & (aj) & (ak) & (al) & (am) & (an) & (ao) & (ap) & (aq) & (ar) & (as) & (at) & (au) & (av) & (aw) & (ax) & (ay) & (az) & (ba) & (bb) & (bc) & (bd) & (be) & (bf) & (bg) & (bh) & (bi) & (bj) & (bk) & (bl) & (bm) & (bn) & (bo) & (bp) & (bq) & (br) & (bs) & (bt) & (bu) & (bv) & (bw) & (bx) & (by) & (bz) & (ca) & (cb) & (cc) & (cd) & (ce) & (cf) & (cg) & (ch) & (ci) & (cj) & (ck) & (cl) & (cm) & (cn) & (co) & (cp) & (cq) & (cr) & (cs) & (ct) & (cu) & (cv) & (cw) & (cx) & (cy) & (cz) & (da) & (db) & (dc) & (dd) & (de) & (df) & (dg) & (dh) & (di) & (dj) & (dk) & (dl) & (dm) & (dn) & (do) & (dp) & (dq) & (dr) & (ds) & (dt) & (du) & (dv) & (dw) & (dx) & (dy) & (dz) & (ea) & (eb) & (ec) & (ed) & (ee) & (ef) & (eg) & (eh) & (ei) & (ej) & (ek) & (el) & (em) & (en) & (eo) & (ep) & (eq) & (er) & (es) & (et) & (eu) & (ev) & (ew) & (ex) & (ey) & (ez) & (fa) & (fb) & (fc) & (fd) & (fe) & (ff) & (fg) & (fh) & (fi) & (fj) & (fk) & (fl) & (fm) & (fn) & (fo) & (fp) & (fq) & (fr) & (fs) & (ft) & (fu) & (fv) & (fw) & (fx) & (fy) & (fz) & (ga) & (gb) & (gc) & (gd) & (ge) & (gf) & (gg) & (gh) & (gi) & (gj) & (gk) & (gl) & (gm) & (gn) & (go) & (gp) & (gq) & (gr) & (gs) & (gt) & (gu) & (gv) & (gw) & (gx) & (gy) & (gz) & (ha) & (hb) & (hc) & (hd) & (he) & (hf) & (hg) & (hh) & (hi) & (hj) & (hk) & (hl) & (hm) & (hn) & (ho) & (hp) & (hq) & (hr) & (hs) & (ht) & (hu) & (hv) & (hw) & (hx) & (hy) & (hz) & (ia) & (ib) & (ic) & (id) & (ie) & (if) & (ig) & (ih) & (ii) & (ij) & (ik) & (il) & (im) & (in) & (io) & (ip) & (iq) & (ir) & (is) & (it) & (iu) & (iv) & (iw) & (ix) & (iy) & (iz) & (ja) & (jb) & (jc) & (jd) & (je) & (jf) & (jg) & (jh) & (ji) & (jj) & (jk) & (jl) & (jm) & (jn) & (jo) & (jp) & (jq) & (jr) & (js) & (jt) & (ju) & (jv) & (jw) & (jx) & (jy) & (jz) & (ka) & (kb) & (kc) & (kd) & (ke) & (kf) & (kg) & (kh) & (ki) & (kj) & (kk) & (kl) & (km) & (kn) & (ko) & (kp) & (kq) & (kr) & (ks) & (kt) & (ku) & (kv) & (kw) & (kx) & (ky) & (kz) & (la) & (lb) & (lc) & (ld) & (le) & (lf) & (lg) & (lh) & (li) & (lj) & (lk) & (ll) & (lm) & (ln) & (lo) & (lp) & (lq) & (lr) & (ls) & (lt) & (lu) & (lv) & (lw) & (lx) & (ly) & (lz) & (ma) & (mb) & (mc) & (md) & (me) & (mf) & (mg) & (mh) & (mi) & (mj) & (mk) & (ml) & (mn) & (mo) & (mp) & (mq) & (mr) & (ms) & (mt) & (mu) & (mv) & (mw) & (mx) & (my) & (mz) & (na) & (nb) & (nc) & (nd) & (ne) & (nf) & (ng) & (nh) & (ni) & (nj) & (nk) & (nl) & (nm) & (no) & (np) & (nq) & (nr) & (ns) & (nt) & (nu) & (nv) & (nw) & (nx) & (ny) & (nz) & (oa) & (ob) & (oc) & (od) & (oe) & (of) & (og) & (oh) & (oi) & (oj) & (ok) & (ol) & (om) & (on) & (oo) & (op) & (oq) & (or) & (os) & (ot) & (ou) & (ov) & (ow) & (ox) & (oy) & (oz) & (pa) & (pb) & (pc) & (pd) & (pe) & (pf) & (pg) & (ph) & (pi) & (pj) & (pk) & (pl) & (pm) & (pn) & (po) & (pp) & (pq) & (pr) & (ps) & (pt) & (pu) & (pv) & (pw) & (px) & (py) & (pz) & (qa) & (qb) & (qc) & (qd) & (qe) & (qf) & (qg) & (qh) & (qi) & (qj) & (qk) & (ql) & (qm) & (qn) & (qo) & (qp) & (qq) & (qr) & (qs) & (qt) & (qu) & (qv) & (qw) & (qx) & (qy) & (qz) & (ra) & (rb) & (rc) & (rd) & (re) & (rf) & (rg) & (rh) & (ri) & (rj) & (rk) & (rl) & (rm) & (rn) & (ro) & (rp) & (rq) & (rr) & (rs) & (rt) & (ru) & (rv) & (rw) & (rx) & (ry) & (rz) & (sa) & (sb) & (sc) & (sd) & (se) & (sf) & (sg) & (sh) & (si) & (sj) & (sk) & (sl) & (sm) & (sn) & (so) & (sp) & (sq) & (sr) & (ss) & (st) & (su) & (sv) & (sw) & (sx) & (sy) & (sz) & (ta) & (tb) & (tc) & (td) & (te) & (tf) & (tg) & (th) & (ti) & (tj) & (tk) & (tl) & (tm) & (tn) & (to) & (tp) & (tq) & (tr) & (ts) & (tt) & (tu) & (tv) & (tw) & (tx) & (ty) & (tz) & (ua) & (ub) & (uc) & (ud) & (ue) & (uf) & (ug) & (uh) & (ui) & (uj) & (uk) & (ul) & (um) & (un) & (uo) & (up) & (uq) & (ur) & (us) & (ut) & (uu) & (uv) & (uw) & (ux) & (uy) & (uz) & (va) & (vb) & (vc) & (vd) & (ve) & (vf) & (vg) & (vh) & (vi) & (vj) & (vk) & (vl) & (vm) & (vn) & (vo) & (vp) & (vq) & (vr) & (vs) & (vt) & (vu) & (vv) & (vw) & (vx) & (vy) & (vz) & (wa) & (wb) & (wc) & (wd) & (we) & (wf) & (wg) & (wh) & (wi) & (wj) & (wk) & (wl) & (wm) & (wn) & (wo) & (wp) & (wq) & (wr) & (ws) & (wt) & (wu) & (wv) & (ww) & (wx) & (wy) & (wz) & (xa) & (xb) & (xc) & (xd) & (xe) & (xf) & (xg) & (xh) & (xi) & (xj) & (xk) & (xl) & (xm) & (xn) & (xo) & (xp) & (xq) & (xr) & (xs) & (xt) & (xu) & (xv) & (xw) & (xx) & (xy) & (xz) & (ya) & (yb) & (yc) & (yd) & (ye) & (yf) & (yg) & (yh) & (yi) & (yj) & (yk) & (yl) & (ym) & (yn) & (yo) & (yp) & (yq) & (yr) & (ys) & (yt) & (yu) & (yv) & (yw) & (yx) & (yy) & (yz) & (za) & (zb) & (zc) & (zd) & (ze) & (zf) & (zg) & (zh) & (zi) & (zj) & (zk) & (zl) & (zm) & (zn) & (zo) & (zp) & (zq) & (zr) & (zs) & (zt) & (zu) & (zv) & (zw) & (zx) & (zy) & (zz)				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 18 55 5:30 PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Old E 816-0 26			
22. I hereby certify that I attended the deceased from _____ 19____, to _____ 19____, that I last saw the deceased <u>alive on</u> _____ 19____, and that death occurred at 6:58 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE Joseph M. [Signature]				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 9/19/55	
24a. BURIAL (CREMATION, REMOVAL) (Specify) REMOVAL		24b. DATE Sept. 21, 1955		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Bks. Mo.	
DATE REC'D BY LOCAL REG. SEP 19 1955		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister Colonial Mortuary 6164 Chippewa St.			

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 *Harry J. Shamache*
Licensed Embalmer No. *2679*
P. O. Address *7814 S. Broadway*

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.