

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36652**

FILED NOV 7 - 1956
XC 102489
REG #118898

BIRTH NO. _____ REG. DIST. NO. **312** PRIMARY REG. DIST. NO. **500** Registrar's No. **2559**

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY MADISON	
b. CITY OR TOWN JEFFERSON BARRACKS		c. LENGTH OF STAY (In this place) 445 DAYS	c. CITY OR TOWN GRANITE CITY
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP		e. STREET ADDRESS (If rural, give location) 2006 CLEVELAND	
3. NAME OF DECEASED (Type or Print) a. (First) ALBERT,		b. (Middle) X	c. (Last) NONN
4. DATE OF DEATH (Month) (Day) (Year) 10-29-56		5. SEX MALE	
6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH 7-17-1894		9. AGE (In years last birthday) 62	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	
11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME FRANK X. NONN		13b. MOTHER'S MAIDEN NAME FRANCES HEINMANN	
14. NAME OF HUSBAND OR WIFE MARY NONN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	
16. SOCIAL SECURITY NO. 333035947		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF BRKS., MO.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE BRONCHOPNEUMONIA	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CHRONIC BRONCHITIS & BRONCHIECTASIS		INTERVAL BETWEEN ONSET AND DEATH Undetermined	
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 checked="" 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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		5021	
22. I hereby certify that I attended the deceased from 8-10-55 , 19 55 , to 10-29-56 , 19 56 , and that death occurred at 2:25 a.m., from the causes and on the date stated above.			
23. SIGNATURE OF REGISTRAR Herbert B. Donohue MD		23b. ADDRESS 915 N. Grand Blvd. VAH St. Louis, Mo.	
23c. DATE SIGNED 10-29-56		24. LOCATION (City, town, or county) (State) GRANITE CITY, ILLINOIS	
24a. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24b. DATE 10-29-56	
24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) GRANITE CITY, ILLINOIS	
DATE REC'D BY LOCAL REG. 10-29-56		REGISTRAR'S SIGNATURE Herbert B. Donohue MD	
25. FUNERAL DIRECTOR'S SIGNATURE Edward Fendler		ADDRESS 5611 South Grand	

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. Shumack*

Licensed Embalmer No. 267

P. O. Address *564 S. Grand*

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.