

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-046687
STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **12441**

FILED JAN 1 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY ST LOUIS MO	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS MO		c. CITY OR TOWN ST LOUIS MO	
Length of stay in lb NONE		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION HOMER & PHILLIPS D.O.A.		d. STREET ADDRESS (If outside, give location) 131 REASNER	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First DOUGLASS Middle NANCE Last			4. DATE OF DEATH Month DEC Day 31 Year 1961		
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5. SEX MALE	6. COLOR OR RACE NEGRO	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH AUG 30 1926	9. AGE (last birthday) 25	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHIPPING CLERK Potomac Co	10b. KIND OF BUSINESS OR INDUSTRY POTOMAC CO	11. BIRTH PLACE (City and state or country) ST LOUIS MO	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13. FATHER'S NAME DOUGLASS NANCE JR	13b. MOTHER'S MAIDEN NAME CERIL TURNER	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or for unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Bob Nance 131 Reasner	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive intra-abdominal hemorrhage. Cause: penetrating gunshot wound of abdomen, penetrating the aorta just above bifurcation; suffered when shot with rifle by hands of one, Eugene Johnson in front of about 1700 Whittier, about 2:30 A.M. Oct. 21st, 1961.		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) gunshot wound DUE TO (c) gunshot wound		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Homicide 981X		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See above
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20c. TIME OF INJURY Hour 2:30 a.m. p.m. Month, Day, Year 12-31-61

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	20f. CITY, TOWN, OR LOCATION St Louis, Mo	COUNTY	STATE
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at **3:50 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Heleen L. Taylor, Coroner	22b. ADDRESS 1300 Clark Ave.	22c. DATE SIGNED 1-3-62
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23a. BURIAL, CREMATION, OR DISPOSAL (Specify)	23b. DATE 1/6/62	23c. NAME OF CEMETERY OR CREMATORY Washington Park	23d. LOCATION (City, town, or county) (State) St Louis County Mo
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24. FUNERAL DIRECTOR J. J. Yandow & Sons	ADDRESS 1776 Kerf Lane	25. DATE RECD. BY LOCAL REG. JAN 3 1962	26. REGISTRAR'S SIGNATURE Lead Smith MO
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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 Edward J. Jones

Licensed Embalmer No. 4234

P. O. Address 177 E. 5th
Webster Groves

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.