V. S. No. 2
00M—8-43
Rev. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32022

FILED NOV 15 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9445

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community 2-weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. 7754-Carondelet Ave. NR.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louisa Aye
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Henry
6. (c) Age of husband or wife if alive D years
7. Birth date of deceased Sept (Month) 7 (Day) 1869 (Year)
8. AGE: Years 75 Months 0 Days 28 If less than one day hr. min.
9. Birthplace Femme Osage (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Householder
11. Industry or business
FATHER 12. Name John Nadler
13. Birthplace (City, town, or county) Mo. (State or foreign country)
MOTHER 14. Maiden name Sophia Hemmsaut
15. Birthplace (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Arthur J. Bade
(b) Address Creve Coeur, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-44 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery
18. (a) Signature of funeral director Blumann Bros Inc.
(b) Address 2504-Woodson Rd-Overland
19. (a) NOV 7 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5 year 1944 hour 3 minute — P. M.
21. I hereby certify that I attended the deceased from October 12, 1944 to November 5, 1944 that I last saw h. alive on November 5, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Failure	1 day
Due to Acute Empyema of Gall Bladder with gall stones	5 weeks
Due to	
Other conditions (Include pregnancy within 3 months of death) Marked Hepatitis + Fibrosis of liver	
Major findings: Of operations very large gall Bladder with gall stones - 10/28/44	
Of autopsy no autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Geo. H. Norton (M. D. or other) MD.
Address 634 No. Grand Blvd St Louis, Mo. Date signed 11-7-44.

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Oscar F Mueller

Licensed Embalmer No. 3039

P. O. Address Overland Mo

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.