S. No. 300
v. 10.48

FILED JAN 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2552 291

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): Approx. 20 min.
d. FULL NAME OF HOSPITAL OR ~~INSTITUTION~~: Josephine Heitkamp Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 1640 S. Grand Blvd.

3. NAME OF DECEASED (Type or Print): a. (First) Nora b. (Middle) A c. (Last) Cizek

4. DATE OF DEATH (Month) 1 (Day) 9 (Year) 49

5. SEX: F
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Wid.
8. DATE OF BIRTH: AUG. 28, 1879
9. AGE (In years last birthday): 69 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ST. LOUIS Mo.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: JOHN ASHE
13b. MOTHER'S MAIDEN NAME: BRIDGET - Tank
14. NAME OF HUSBAND OR WIFE: John

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Edward Cizek ADDRESS: 4046 Flad.

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Auricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Cardiovascular Disease — 45 years

DUE TO (c) Senile Degeneration — 1 years

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 ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-5, 1949, *to* 1-9, 1949, *that I last saw the deceased alive on* 1-9, 1949, *and that death occurred at* 8:18 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Laura Francis Stephens (Degree or title) M.D.
23b. ADDRESS: 3012 Lafayette Avenue
23c. DATE SIGNED: 1-10-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 1-12-49
24c. NAME OF CEMETERY OR CREMATORY: Calvary
24d. LOCATION (City, town, or county) (State): St. Louis Mo.

DATE REC'D BY LOCAL REG.: JAN 11 1949
REGISTRAR'S SIGNATURE: Jo B Lusater
25. FUNERAL DIRECTOR'S SIGNATURE: Jno. J. Levin ADDRESS: 1389 Union

(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.

Signed Ronald O. Yahnke

Signed ..... Student Embalmer

Licensed Embalmer No. 3917

P. O. Address .....

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.