

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6383

FILED FEB 23 1951

State File No. ....

318

1003

1333

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis.</u>		c. LENGTH OF STAY (in this place) (township) <u>10 min.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>4<sup>th</sup> OR St. Louis.</u>		2049	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WASHINGTON UNIVERSITY CLINIC.</u>				d. STREET ADDRESS (If rural, give location) <u>4988 a WISE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>NANCY-</u>		b. (Middle) <u>ANN.</u>		c. (Last) <u>LYONS.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 8 1951</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>		8. DATE OF BIRTH <u>JAN 8, 1941</u>	
9. AGE (In years last birthday) <u>10 YEARS</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Thomas (Deceased)</u>		13b. MOTHER'S MAIDEN NAME <u>DAQUILA, MARIE</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE, OR NAME ADDRESS <u>Miss Marie Lyons, 4988a Wise</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Glioma, malignant, of cerebellum</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <u>O.K. Joseph M. Zimm</u> <u>Joseph M. Zimm</u> <u>2/9/51</u>				INTERVAL BETWEEN ONSET AND 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)		21f. HOW DID INJURY OCCUR <u>193A</u>	
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"/>					
22. I hereby certify that I attended the deceased from <u>Feb. 7</u> , 19 <u>51</u> , to <u>Feb. 8</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Feb. 8</u> , 19 <u>51</u> , and that death occurred at <u>10:30a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm. J. Klingberg, M.D.</u>				23b. ADDRESS <u>520 So. Kingshighway St. Louis, Mo.</u>		23c. DATE SIGNED <u>2/8/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/10/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE RECD BY LOCAL <u>FEB 9 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Gardner</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sullivan Funeral Dir., 2849 N. Euclid</u>			

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

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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 .....  
Student Embalmer

Signed

*Robert L. Brinkman*

Licensed Embalmer No. 3653

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.