

FILED JUL 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 21546

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3063</u>		Registrar's No. <u>2602</u>			
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>Clayton</u>		c. LENGTH OF STAY (in this place) <u>7 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>76 TOWN Valley Park</u>		<u>4761</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>---</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>NANCY</u>			b. (Middle)		c. (Last) <u>HARSTENS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 7 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Separated</u>		8. DATE OF BIRTH <u>Oct. 31, 1871</u>		9. AGE (In years last birthday) <u>79</u> IF UNDER 1 YEAR: Months Days IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>		11. BIRTHPLACE (State or foreign country) <u>Russelville, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Smith</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah E. Russell</u>			14. NAME OF HUSBAND OR WIFE <u>August</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. R. E. Presser- 3532 Magnolia</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> II. ANTECEDENT CAUSES A. Mortal conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage</u> DUE TO (c) <u>Diabetes mellitus</u> III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>2604</u>						INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input 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?					
22. I hereby certify that I attended the deceased from <u>6-30-51</u> , 19 <u>51</u> , to <u>7-7</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>7-7</u> , 19 <u>51</u> , and that death occurred at <u>1 pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Roman C. Ross M.D.</u>				23b. ADDRESS <u>601 S. Brentwood Clayton Mo.</u>			23c. DATE SIGNED <u>7-7-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/10/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>		24d. LOCATION (City, town, of county) (State) <u>St. Louis Co., Missouri</u>			
DATE REC'D BY LOCAL REG. <u>7-9-51</u>		REGISTRAR'S SIGNATURE <u>Theobald R. Tombe</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Wacker - Welder</u>		ADDRESS <u>3634 Gravois</u>		

(Licensed Embalmer) (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.

Student

Student Embalmer

Signed.....

Frank J. Island Sr.

Licensed Embalmer No. *2675*

P. O. Address *St. Louis*

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.