S. No. 300
V. 10.48

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

FILED NOV 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35459

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9608

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)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Homer G Phillips Hospital

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 2119
d. STREET ADDRESS (If rural, give location) 3858 St. Ferdinand

3. NAME OF DECEASED (Type or Print)
a. (First) Louis
b. (Middle)
c. (Last) Nord

4. DATE OF DEATH (Month) Oct. (Day) 29 (Year) 1951

5. SEX MALE
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 10, 1900
9. AGE (In years last birthday) 51 — If under 1 year: Months 1 Days 19 — If under 1 hr.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Columbia La.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Anderson Nord
13b. MOTHER'S MAIDEN NAME Margaret Wallace
14. NAME OF HUSBAND OR WIFE Viola Nord
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. 494-07-5834
17. INFORMANT'S SIGNATURE OR NAME Viola Nord — **ADDRESS** 3858 St. Ferdinand

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) Carcinoma of Rectum — INTERVAL BETWEEN ONSET AND DEATH: Undet.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Undetermined
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis — Undet.

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? 154X

22. *I hereby certify that I attended the deceased from* 10-17, 19 51, *to* 10-29, 19 51, *that I last saw the deceased alive on* 10-29, 19 51, *and that death occurred at* 10:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE William J. Reid (Degree or title) M. D.
23b. ADDRESS 2601 N Whittier St
23c. DATE SIGNED 10-29-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Shipping
24b. DATE 11-2-51
24c. NAME OF CEMETERY OR CREMATORY unknown
24d. LOCATION (City, town, or county) Columbia (State) La.

DATE REC'D BY LOCAL REG. OCT 30 1951
REGISTRAR'S SIGNATURE J. Carl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Atkins Bros. **ADDRESS** 3644 Finney

(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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed Louis V. Atkins

Signed _____
Student Embalmer

Licensed Embalmer No. 2842

P. O. Address 3644 Finney A

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.