

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **22435**
 Registrar's No. **6040**

FILED JUL 9 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

| | | | |
|---|-------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1 | | d. STREET ADDRESS (If rural, give location) 20 2623 Sullivan Ave. | |
| 3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) c. (Last) NACK | | 4. DATE OF DEATH (Month) (Day) (Year) JUNE 26, 1952 | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single | 8. DATE OF BIRTH May 10 1865 |
| 9. AGE (In years last birthday) 87 | | IF UNDER 1 YEAR Months | IF UNDER 6 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | | 10b. KIND OF BUSINESS OR INDUSTRY X X X X X X | 11. BIRTHPLACE (State or foreign country) St. Louis Mo |
| 12. CITIZEN OF WHAT COUNTRY? | | U | |
| 13a. FATHER'S NAME Jacob Nack | | 13b. MOTHER'S MAIDEN NAME Catherine Remmler | |
| 14. NAME OF HUSBAND OR WIFE X X X X X X | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X | |
| 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME Mrs May Orzel-niece ADDRESS 6520 Hazen Pine Lawn Mo | |
| 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) Cerebral thrombosis ANTECEDENT CAUSES Morbid 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. | |
| 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) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? 332X | | 22. I hereby certify that I attended the deceased from 6-20-52 , 19___, to 6-26-52 , 19___, that I last saw the deceased alive on 6-26-52 , 19___, and that death occurred at 12:05A m., from the causes and on the date stated above. | |
| 23a. SIGNATURE John T. Lawton, M.D. (Degree or title) | | 23b. ADDRESS 1515 Lafayette Avenue | |
| 23c. DATE SIGNED 6-26-52 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 24b. DATE June 28 1952 | | 24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery | |
| 24d. LOCATION (City, town, or county) (State) St. Louis County | | DATE REC'D BY LOCAL REG. JUN 27 1952 | |
| REGISTRAR'S SIGNATURE J. Carl Smith, M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE Hy. Leidner Co ADDRESS 2223 St. Louis Ave | |

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

Robert M. Murray

Licensed Embalmer No. *37490*

P. O. Address *St. Louis, 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.