

22438

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

5478

FILED JUN 27 1952

BIRTH NO. ....

REG. DIST. NO. ....

318

PRIMARY REG. DIST. NO. ....

1003

Registrar's No. ....

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, Mo.		c. LENGTH OF STAY (in this place) 40 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1912 Nebraska		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2179	
3. NAME OF DECEASED (Type or Print) Rose		d. STREET ADDRESS (If rural, give location) 17 1912 Nebraska Avenue	
a. (First) Rose		b. (Middle) A.	
c. (Last) Nennert		4. DATE OF DEATH (Month) (Day) (Year) June 13, 1952	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single <input checked="" type="checkbox"/>	8. DATE OF BIRTH Feb. 24, 1896
9. AGE (in years last birthday) 56		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) supervisor	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) supervisor		10b. KIND OF BUSINESS OR INDUSTRY Restaurant	
11. BIRTHPLACE (State or foreign country) Wittenberg, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Simon Nennert		13b. MOTHER'S MAIDEN NAME Mary Schuessler	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Divine Olga, 1912 Nebraska Avenue	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Obstruction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastatic Carcinoma</u> DUE TO (c) <u>Carcinoma of uterus</u> 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 type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>3 mo</u> <u>1 1/2 yrs</u>	
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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 174 X	
22. I hereby certify that I attended the deceased from <u>4-14-1952</u> , to <u>6-13-1952</u> , that I last saw the deceased alive on <u>6-13-1952</u> , and that death occurred at <u>7:10 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Des. A. Leib md</u>		23b. ADDRESS <u>2323 Lafayette</u>	
23c. DATE SIGNED <u>6/13/52</u>		24. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE June 16, 1952	24c. NAME OF CEMETERY OR CREMATORY St. Trinity Cemetery	
DATE REC'D BY LOCAL REG. JUN 14 1952		25. FUNERAL DIRECTOR'S SIGNATURE <u>Beiderwieden F. H. Inc., 1936 St. Louis Ave</u>	
REGISTRAR'S SIGNATURE <u>J. Carl Smith md</u>		ADDRESS 1936 St. Louis Ave	

(Licensed Embalmer's Statement on Reverse Side)

HST

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

Dr. George A. Selb,  
2323 Lafayette Avenue  
Hrs. 6-10 P.M.

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 Delis J. Krupin

Licensed Embalmer No. 3497

P. O. Address 1936 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.