

FILED JUN 21 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 23025  
1507

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 1507

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Webster Groves</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Webster Groves</b>	
c. LENGTH OF STAY (In this place) <b>4 Yrs</b>		d. STREET ADDRESS (If rural, give location) <b>222 Jefferson Rd.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bethesda Dilworth Home</b>			

3. NAME OF DECEASED (Type or Print) <b>LaVerne</b>		a. (First) <b>Nutter</b>		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>6-9-1952</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>3-26-1871</b>		9. AGE (In years last birthday) <b>81</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) <b>Plymouth Wisconsin/</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>Benjamin Drewry</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Walter A Nutter</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs F F Hewett 222 Jeff. Rd.</b>	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Lympho-sarcoma</b>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____			
		DUE TO (c) _____			
11. 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 <b>2001</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan 17, 1951, to June 9, 1952, that I last saw the deceased alive on June 7, 1952, and that death occurred at 12:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. Deabough</b>		23b. ADDRESS <b>M.D. Webster Groves Mo.</b>		23c. DATE SIGNED <b>6-9-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		24b. DATE <b>6-10-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>	
		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>			

DATE REC'D BY LOCAL REG. <b>6-9-52</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donke</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McParber Aldrich F. Home, Webster Groves Mo.</b>	
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(Licensed Embalmer's 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 *Leslie Welch*

Licensed Embalmer No. *4395*

P. O. Address *Water Grove, N.C.*

**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.