

STANDARD CERTIFICATE OF DEATH

40565

State File No.

FILED DEC 2 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10275**

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|--|--|--|--|
| 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) Saint Louis | | c. CITY (If outside corporate limits, write RURAL and give township) Saint Louis 2072 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital | | d. STREET ADDRESS (If rural, give location) 4820 Margaretta Avenue, 15, | |

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|---|--|---|--|--|--|--|--|
| 3. NAME OF DECEASED a. (First) Leon (Type or Print) | | b. (Middle) E. | | c. (Last) Nurdin | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 7th, 1952 | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH March 8th, 1896 | |
| 9. AGE (In years last birthday) 56 | | IF UNDER 1 YEAR Months Days | | IF UNDER 1 HR. Hours Min. | | 11. BIRTHPLACE (State or foreign country) Fairmount City, Illinois | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Klin Operator | | 10b. KIND OF BUSINESS OR INDUSTRY American Zinc Co. | | 12. CITIZEN OF WHAT COUNTRY? USA | | | |

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|--|--|---|--|--|--|
| 13a. FATHER'S NAME Louis E. Nurdin | | 13b. MOTHER'S MAIDEN NAME Esther A. Allen | | 14. NAME OF HUSBAND OR WIFE Bernadine Nurdin nee Handorf | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War # 1 | | 16. SOCIAL SECURITY NO. 329-10-7215 | | 17. INFORMANT'S SIGNATURE OR NAME Bernadine Nurdin, 4820 Margaretta Avenue | |

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|--|--|--|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Reticulum Cell Sarcoma | | INTERVAL BETWEEN ONSET AND DEATH 3 years | |
| | | ANTECEDENT CAUSES Morbidity 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. | | | |

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|---|--|--|--|---|--|
| 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., to 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 2000 | |

22. I hereby certify that I attended the deceased from 1945, to Nov. 7, 1952, that I last saw the deceased alive on Nov 6, 1952, and that death occurred at 4:30 am, from the causes and on the date stated above.

| | | | | | | | |
|---|--|---|--|---|--|---|--|
| 23a. SIGNATURE M. Herman Oyeel | | (Degree or title) M.D. | | 23b. ADDRESS 508 North Grand | | 23c. DATE SIGNED 11-7-52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal-Motor | | 24b. DATE 11/10/52 | | 24c. NAME OF CEMETERY OR CREMATORY S. S. Peter & Paul Catholic Cem., Collinsville, Illinois | | 24d. LOCATION (City, town, or county) (State) | |
| DATE REC'D BY LOCAL REG. NOV 7 1952 | | REGISTRAR'S SIGNATURE J. Carl Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4828 Natural Bridge Blvd. | | ADDRESS | |

(Licensed Embalmer's Statement on Reverse Side)

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

to be exchanged at
East Side Health District.

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.....
Student Embalmer

Signed.....

John A. Miller

Licensed Embalmer No. *4186*

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.