S. No. 300
v. 10.48

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

FILED MAR 11 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8028

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1889

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Saint 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): Jewish 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): Saint Louis 2199
d. STREET ADDRESS (If rural, give location): 4347 West Pine Street 0

3. NAME OF DECEASED (Type or Print)
a. (First): Nora
b. (Middle): Z
c. (Last): Vail

4. DATE OF DEATH (Month) (Day) (Year): 2 15 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: February 24, 1881
9. AGE (In years last birthday): 71
If under 1 year: Months Days
If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoe Worker
10b. KIND OF BUSINESS OR INDUSTRY: Shoe Business
11. BIRTHPLACE (City and State or Foreign Country): Saint Louis, Mo., 0
12. CITIZEN OF WHAT COUNTRY?: yes

13a. FATHER'S NAME: George Enright
13b. MOTHER'S MAIDEN NAME: Zettia
14. NAME OF HUSBAND OR WIFE: George E Vail

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.: 490 22 1346
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs Edward G Vail, 6433 Sutherland Ave

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 Pancreas — INTERVAL BETWEEN ONSET AND DEATH: ?

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. Diabetes Mellitus

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? 157X

22. *I hereby certify that I attended the deceased from* 7/15, 1951, *to* 2/15, 1953, *that I last saw the deceased alive on* 2/15, 1953, *and that death occurred at* 11 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold A. Franklin M.D.
23b. ADDRESS: 4409 West Pine
23c. DATE SIGNED: 2/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-18-1953
24c. NAME OF CEMETERY OR CREMATORY: St. Peters Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

DATE REC'D BY LOCAL REGISTRAR: FEB 17 1953
REGISTRAR'S SIGNATURE: J. Carl Smith MD
(Licensed Embalmer's Statement on Reverse Side)
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: C. HOFFMEISTER COLONIAL MORTUARY 6464 Chippewa St. St. Louis, Mo

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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 2814 S. Broadway

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.