

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26928

LED JUL 31 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6474**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Payette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis Mo	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vandalia \$120	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital		d. STREET ADDRESS (If rural, give location) 901 N. Sixth St. 8	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Nellie	b. (Middle) MAY	c. (Last) Stickler	(Month) 6	(Day) 29	(Year) 53
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married (Specify)	8. DATE OF BIRTH April 19, 1907		9. AGE (In years last birthday) 46
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Champaign, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Harry Glassco	13b. MOTHER'S MAIDEN NAME Jessie Baker	14. NAME OF HUSBAND OR WIFE Harlan
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 330-18-8004	17. INFORMANT'S SIGNATURE OR NAME Harlan Stickler, Vandalia, Ill.	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Renal failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute glomerulo nephritis 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"/>
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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 **6-26, 1953**, to **6-29, 1953**, that I last saw the deceased alive on **6-29, 1953**, and that death occurred at **1:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE FR Bradley (Degree or title) M. D.	23b. ADDRESS Barnes Hospital	23c. DATE SIGNED 6/29/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-29-53	24c. NAME OF CEMETERY OR CREMATORY Local	24d. LOCATION (City, town, or county) (State) Vandalia, Ill.
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DATE REC'D BY LOCAL REG. JUN 29 1953	REGISTRAR'S SIGNATURE J. Charles Smith	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington Blvd
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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 M

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

W. W. Walker

Licensed Embalmer No.

357

P. O. Address

A. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.