

FILED NOV 30 1953

STANDARD CERTIFICATE OF DEATH

State File No. 40951
Registrar's No. 10848

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY ST. LOUIS 400	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis	c. LENGTH OF STAY (in this place) LIFE	c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge		e. STREET ADDRESS (If rural, give location) 11136 Larimore (BADEN-STATION) MO.	

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) JOHN c. (Last) Nuening			4. DATE OF DEATH (Month) (Day) (Year) 11 15 53		
5. SEX M. 0	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) 2 WIDOWED	8. DATE OF BIRTH 8/15/79	9. AGE (In years last birthday) 74 YRS	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) RETIRED - GROCER.		10b. KIND OF BUSINESS OR INDUSTRY OWN - GROCERY	11. BIRTHPLACE (City and State or Foreign Country) St. LOUIS - MO. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Nuening, Bernard	13b. MOTHER'S MAIDEN NAME Brauer, Josephine	14. NAME OF HUSBAND OR WIFE JOHANNA - NUENING. <DECD.>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO. NONE.	16. SOCIAL SECURITY NO. NONE.	17. INFORMANT'S SIGNATURE OR NAME Bernard Nuening	ADDRESS 4123 W. Denmore
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable cardiac tamponade due to		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) perforation of aneurysm of aorta DUE TO (c) Chronic sclerosing hepatitis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION 11-5-53	19b. MAJOR FINDINGS OF OPERATION Hepatic abscess, peritonitis	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)
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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 582x
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22. I hereby certify that I attended the deceased from **11-2-1953**, to **11-15-53**, 19**53**, that I last saw the deceased alive on **11-14**, 19**53**, and that death occurred at **9:05 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE Charles J. Sulbrack M.D.	(Degree or title)	23b. ADDRESS 1325 So. Grand	23c. DATE SIGNED 11-15-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE NOV. 18th 1953	24c. NAME OF CEMETERY OR CREMATORY CALVARY-CEMETERY.	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.
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DATE REC'D BY LOCAL NOV 16 1953	REGISTRAR'S SIGNATURE Charles J. Sulbrack M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Brockland Und. Co.	ADDRESS 1827 WOGAN - ST.
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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.....
Signature of Student Embalmer

Signed.....
Fred Farmer

Licensed Embalmer No. *478*

P. O. Address.....
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.