

FILED APR 21 1954.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13869

3166

318

1003

Registrar's No.

No. 300

10-48

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
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) OR TOWN ST. LOUIS, MISSOURI		c. LENGTH OF STAY (In this place) 1 Wk. 2 Days		c. CITY OR TOWN ST. LOUIS		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. ST. LOUIS CITY HOSPITAL				e. STREET ADDRESS (If rural, give location) 22 1213 South 7th		2229	
3. NAME OF DECEASED (Type or Print) a. (First) SUSIE b. (Middle) c. (Last) NASH			4. DATE OF DEATH Month Day Year APRIL 5, 1954				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH Aug 29, 1879	9. AGE (In years last birthday) 74	# UNDER 1 YEAR Months Days	# UNDER 6 Wks. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME STRICKLAND Able		13b. MOTHER'S MAIDEN NAME Ann Hasty		14. NAME OF HUSBAND OR WIFE John			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME HOSPITAL RECORD ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) - Bronchopneumonia INTERVAL BETWEEN ONSET AND DEATH *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused 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. Generalized arteriosclerosis Syphilis of undetermined site					
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., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 491X B			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 3-27-54, 19___, to 4-5-54, 19___, that I last saw the deceased alive on 4-5-54, 19___, and that death occurred at 12:10P., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Joseph M. Schuster Jr MD				23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 4-6-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 4-8-1954	24c. NAME OF CEMETERY OR CREMATORY St. Trinity Lutheran		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		
DATE REC'D BY LOCAL REG. APR 7 1954		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Funeral Home, Inc. 2301 Lafayette St. Louis 4, Mo.			

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

(Licensed Embalmer's Statement on Reverse Side)

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..... *L. R. Cooper*
Licensed Embalmer No. *36*
P. O. Address *230 Lafayette*

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.