

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**14523**

State File No. ....

**FILED APR 26 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 300 Registrar's No. 868

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Louis</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lakewood</u>		c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>4 wk</u>		e. STREET ADDRESS (If rural, give location) <u>5537 DELOR</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HENNINGER Nursing Home</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>NETTIE</u> b. (Middle) <u>-</u> c. (Last) <u>KAUFMAN</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>APRIL 12 1954</u>		
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<b>5. SEX</b> <u>FEMALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>WIDOW</u>	<b>8. DATE OF BIRTH</b> <u>AUG. 1-1871</u>	<b>9. AGE</b> (In years last birthday) <u>80</u>	<b>10. UNDER 1 YEAR</b> Months _____ Days _____	<b>11. UNDER 1 HR.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>WIDOW</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>At Home</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>ILLINOIS</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	
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<b>13a. FATHER'S NAME</b> <u>GEORGE WICKLINE</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>MARY JONES</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>CHARLES KAUFMAN (DEC'D)</u>	
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>NO</u>		<b>16. SOCIAL SECURITY NO.</b> <u>NONE</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>ELMER KAUFMAN</u>		<b>ADDRESS</b> <u>5537 DELOR</u>	
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>3 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal bronchopneumonia</u>		DUE TO (b) <u>Carcinoma of the stomach</u>				Lyear?	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Thrombophlebitis, right leg -</u>							

<b>19a. DATE OF OPERATION</b> <u>were</u>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>were</u>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>151X</u>	
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> _____	
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**22. I hereby certify that I attended the deceased from** April 12, 1954, to April 12, 1954, that I last saw the deceased alive on April 12, 1954, and that death occurred at 10:54 a.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>Hugh C. Crowell</u>		<b>23b. ADDRESS</b> <u>8818 Gravis Ave.</u>		<b>23c. DATE SIGNED</b> <u>4/12/54</u>	
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>REMOVAL</u>		<b>24b. DATE</b> <u>APR 14 1954</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>ST. CLAIR MEM. PARK</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>OPALDON ILLINOIS</u>	
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<b>DATE REC'D BY LOCAL REG.</b> <u>4/14/54</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Herbert R. ...</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Thomas Kutie</u>		<b>ADDRESS</b> <u>2906 Gravis</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10.48  
100  
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Fl. 2-0646  
10-15-24

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 Geo J. Budde  
Licensed Embalmer No. 398  
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.