

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39060**  
Registrar's No. **99993**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>99993</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place) <b>34 years</b>		c. CITY OR TOWN <b>St. Louis City</b>		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 <b>6253 Westminster</b>				e. STREET ADDRESS (If rural, give location) <b>6253 Westminster</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b>			b. (Middle) <b>THOMPSON</b>		c. (Last) <b>NARDIN.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>OCT. 26, 1954</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Oct. 2, 1874</b>		9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chairman of Board</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Pet Milk Company</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Schuyler County, Illinois</b>			12. COUNTRY OF WHAT CITIZENRY? <b>USA</b>	
13a. FATHER'S NAME <b>James F. Nardin</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Thompson</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Ellen Conway Nardin</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Mary Ellen Conway Nardin-6253 Westminster</b> ADDRESS _____			
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) <b>Parkinson Disease</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1947 to 54</b>	
		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. <b>Ac. Esoph. ent. (Tial?)</b>				<b>10 days</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>350X</b>			
22. I hereby certify that I attended the deceased from <b>June 4, 1935</b> to <b>10-25, 1954</b> , that I last saw the deceased alive on <b>10-24, 1954</b> , and that death occurred at <b>9:30 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>4500 Olive</b>		23c. DATE SIGNED <b>10-26-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>10-29-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Vandalia Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Vandalia, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>NOV 3 1954</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C. R. Lupton &amp; Sons; 7233 Delmar Blvd</b> ADDRESS _____			

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 *Clarence H. Murr*.....

Licensed Embalmer No. *401*

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.