

THE DIVISION OF HEALTH OF MISSOURI
FILED DEC 2 1955 STANDARD CERTIFICATE OF DEATH

38691

State File No.

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10302**

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) St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5266 Parker avenue		e. STREET ADDRESS (If rural, give location) 5266 Parker avenue	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) Amy	b. (Middle) Jane	c. (Last) Nordell	(Month) (Day) (Year) 11-23-55
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 5-29-1895
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	9. AGE (In years) (Months) (Days) (Hours) (Min.) 60
11. BIRTHPLACE (City and State, or Foreign Country) Farmington, Ill.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Charles Moore	13b. MOTHER'S MAIDEN NAME Elizabeth Oaks	14. NAME OF HUSBAND/OR WIFE Charles Nordell
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. none	17. INFORMANT'S SIGNATURE OR NAME Carl Hohnderger, 5266 Parker ave.

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, asthenia, 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) Carcinoma of liver		6 mo
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) metastases from Carcinoma left breast	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) (left breast operated 1953)	170X

19a. DATE OF OPERATION 11-8-55	19b. MAJOR FINDINGS OF OPERATION exploratory found metastases to liver	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)	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 **10-28**, 19**55**, to **11-23**, 19**55**, that I last saw the deceased alive on **11-22**, 19**55**, and that death occurred at **3:15P** m., from the causes and on the date stated above.

23a. SIGNATURE D. J. Verda M.D.	23b. ADDRESS 4500 Olive	23c. DATE SIGNED 11-23-55
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 11-24-55	24c. NAME OF CEMETERY OR CREMATORY West Frankfort, Ill.

DATE REC'D BY LOCAL REG. NOV 25 1955	REGISTRAR'S SIGNATURE Paul Smith Mo	25. FUNERAL DIRECTOR'S SIGNATURE Union, West Frankfort, Ill.
------------------------------------------------	-----------------------------------------------	------------------------------------------------------------------------

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 *Ronald B. Yehlik*.....

Licensed Embalmer No. *391*.....

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.