

FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38933

State File No. _____

BIRTH NO. 92900-55 REG. DIST. NO. 318 PRIMARY REG. DIST., NO. 1003 Registrar's No. 10622

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Illinois</u> b. COUNTY <u>St Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>East St Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saint Louis Maternity</u>		d. STREET ADDRESS (If rural, give location) <u>8311 St Philip Drive</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>NORINE</u> b. (Middle) <u>K</u> c. (Last) <u>Struckhoff</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 3 1955</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>--</u>	
8. DATE OF BIRTH <u>December 2 1955</u>		9. AGE (In years last birthday) <u>14</u>		If UNDER 1 YEAR: Months <u>11</u> Days <u>20</u> If UNDER 1 YEAR: Hours <u>11</u> Min. <u>20</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>--</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>		11. BIRTHPLACE (State or foreign country) <u>St Louis Missouri</u>	
13a. FATHER'S NAME <u>Elmer William Struckhoff</u>			13b. MOTHER'S MAIDEN NAME <u>Nora Bridget Clifford</u>		
14. NAME OF HUSBAND OR WIFE <u>--</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>--</u> (If yes, give war or dates of service) <u>--</u>		
16. SOCIAL SECURITY NO. <u>--</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Nora Bridget Struckhoff</u> ADDRESS <u>above</u>		

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis - Extra-Dural Hematoma</u>				INTERVAL BETWEEN ONSET AND DEATH <u>14 hrs 40 min</u>	
		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.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>762.0</u>				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)	
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 Dec 2, 1955 to Dec 3, 1955, that I last saw the deceased alive on Dec 3, 1955, and that death occurred at 12:30 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles R. Gulutz, M.D.</u>		23b. ADDRESS <u>110 S. Central (5)</u>		23c. DATE SIGNED <u>12-3-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>12-3-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. CARMEL</u>	
24d. LOCATION (City, town, or county) (State) <u>Belleville</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Smith McNeil Walsh Barner</u> ADDRESS <u>1416 St Louis Ave.</u>			

DATE REC'D BY LOCAL REG. <u>DEC 5 1955</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>1416 St Louis Ave.</u>	
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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.....

Not Embalmed

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Philip G. Jensen

Signed.....
Student Embalmer

Licensed Embalmer No. *7091*

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.