

FILED DEC 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39154

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 341 Registrar's No. 2754

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Clayton</u>	c. LENGTH OF STAY (In this place) <u>4 days</u>	c. CITY OR TOWN <u>Overland</u> <u>423</u>	d. Is 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 <u>St. Louis County Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>2805-Tennyson Avenue</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nellie</u> b. (Middle) <u>MARRILA</u> c. (Last) <u>Simson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 22 55</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 30, 1867</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Centralia, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Dexter J. Rundel</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Church</u>		14. NAME OF HUSBAND OR WIFE <u>Albert A. Dcd.</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hazel Miller</u> ADDRESS <u>Clayton, Mo. 8014-Watkins Dr.</u>	
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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>Fracture left hip + left arm</u> ANTECEDENT CAUSES DUE TO (b) <u>fall - respiratory</u> DUE TO (c) <u>arrest due to extreme leukemia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>lung volume. (marked Kyphosis, scoliosis)</u>				INTERVAL BETWEEN ONSET AND DEATH <u>9030</u> <u>30</u>	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Overland</u> (COUNTY) <u>St. Louis</u> (STATE) <u>Missouri</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-18-55</u> m. _____		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>to go to bed. fall at home. lying</u>	
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22. I hereby certify that I attended the deceased from 11-18, 1955, to 11-22, 1955, that I last saw the deceased alive on 11-22, 1955, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Oliver M. Lay, M.D.</u> (Degree or title)		23b. ADDRESS <u>601 S. Brentwood</u>		23c. DATE SIGNED <u>11-22-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-25-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Centralia, Ill. via Motor</u>	
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DATE REC'D BY LOCAL REG. <u>11-23-55</u>		REGISTRAR'S SIGNATURE <u>Heckel D. Lambert</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Walter Miller</u> ADDRESS <u>2504-Woodson Rd-Overland, Mo.</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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Osbert F. Mueller*

Licensed Embalmer No. *303*

P. O. Address *Overland*

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.