

FILED APR 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15028

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 947

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) --a.-STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Clayton)		c. CITY OR TOWN Clayton	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 27yrs		e. STREET ADDRESS (If rural, give location) 7408 Parkdale	
d. FULL NAME OF HOSPITAL OR INSTITUTION Reg. 7408 Parkdale			

3. NAME OF DECEASED a. (First) Minnie b. (Middle) Heimbacher c. (Last) Nuderscher			4. DATE OF DEATH April 7, 1956		
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 5, 1879	9. AGE (In years) 76yrs	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Davenport, Iowa		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Heimbacher		13b. MOTHER'S MAIDEN NAME ? unk		14. NAME OF HUSBAND OR WIFE Frank B. Nuderscher	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Frank B. Nuderscher ADDRESS 7408 Parkdale	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION Cardio-Vascular Renal Disease Chronic Inefficiency of Coronary Arteries DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Sept 13, 1947** to **April 7, 1956**, that I last saw the deceased alive on **April 7, 1956**, and that death occurred at **3:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Herbert R. Drake MD (Degree or title)		23b. ADDRESS 10426 Ashland		23c. DATE SIGNED 4/9/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE April 10, 1956		24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Sons		ADDRESS 6175 Delmar	
DATE REC'D BY LOCAL REG. 4-9-56		REGISTRAR'S SIGNATURE Herbert R. Drake MD			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr Richtarsic
10426 Jackland Rd
Ha 84774

/ 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 *Jos. E. McCulloch*.....

Licensed Embalmer No. *276*.....

P. O. Address *6175 Pell*.....

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.