

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28914**
Registrar's No. **6775**

FILED AUG 24 1956

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1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	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) 1M22da		e. STREET ADDRESS (If rural, give location) 222 1106 S. 8th.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Chronic Hospital		3. NAME OF DECEASED a. (First) William b. (Middle) Nischwitz c. (Last) Nischwitz	
4. DATE OF DEATH 7/8/56	5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 7/25/97	9. AGE (In years last birthday) 58	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	11. BIRTHPLACE (City and State or Foreign Country) Missouri
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY Unknown	12. CITIZEN OF WHAT COUNTRY? U.S.A.	13a. FATHER'S NAME William Nischwitz
13b. MOTHER'S MAIDEN NAME Ida ?	13c. NAME OF HUSBAND OR WIFE	14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown	15. SOCIAL SECURITY NO. unknown
15. SOCIAL SECURITY NO.	16. INFORMANT'S SIGNATURE OR NAME Chronic Hospital, 5600 Arsenal	17. ADDRESS	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Squamous Cell Cancer of Esophagus

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Squamous Cell Cancer of Esophagus		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Squamous Cell Cancer of Esophagus		INTERVAL BETWEEN ONSET AND DEATH 5 mos.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 150x		20. AUTOPSY? YES <input 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) (Min.)		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 **5/16**, 19**56**, to **7/8**, 19**56**, that I last saw the deceased alive on **7/8**, 19**56**, and that death occurred at **5:00P.** m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS 5600 Arsenal		23c. DATE SIGNED 7-20-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 7-19-56		24c. NAME OF CEMETERY OR CREMATORY Galvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		ADDRESS Cullen & Kelly 7267 Natural Bridge Blvd.	

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....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James A. Lawrence.....

Licensed Embalmer No. 414.....

P. O. Address J. Lawrence.....

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.