

FILED DEC 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43743

STATE FILE NUMBER

318

1003

10526

Registration District No. Primary Registration District No. Registrar No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN St Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1.		d. STREET ADDRESS 3217 Locust	
3. NAME OF DECEASED (Type or print) NORA		4. DATE OF DEATH NOV. 15, 1956	
5. SEX female		6. COLOR OR RACE white	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct 8, 1874	
9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	
11. BIRTHPLACE (City and state or country) Kentucky.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Edward Jordan		14. MOTHER'S MAIDEN NAME Not known	
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 Finley Rennick		Address 8400 Highridge Rd	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL THROMBOSIS		PARKVILLE, MO. INTERVAL BETWEEN ONSET AND DEATH 7 MON +	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) GENERALIZED ARTERIOSCLEROSIS	
		DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) MASSIVE GASTROINTESTINAL HEMORRHAGE		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION 3322 COUNTY STATE	
21. I attended the deceased from 10/12/56 to 11/15/56 and last saw her alive on 11/15/56		Death occurred at 3:42 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE K. H. Burmeister M.D.		22b. ADDRESS 1515 LAFAYETTE AVE.	
22c. DATE SIGNED 11/16/56.			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11/19/56	
23c. NAME OF CEMETERY OR CREMATORY St Paul Churchyard		23d. LOCATION (City, town, or county) (State) St Louis County, Mo	
24. FUNERAL DIRECTOR J L Ziegenhein & Sons		25. DATE RECD. BY LOCAL REG. NOV 19 1956	
ADDRESS 7027 Gravois		26. REGISTRAR'S SIGNATURE Carl Smith M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

(Licensed Embalmer's Statement on Reverse Side)

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.....
Licensed Embalmer No.

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**.
(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.