

Health & Welfare Public Services

300
136

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Motor

FILED OCT 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38412
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 531 Registrar's No. 2317

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, give TOWNSHIP only) OR TOWN <u>University City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>University City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>residence</u>		Length of stay in <u>1</u> <u>year</u>		d. STREET ADDRESS (If outside, give location) <u>7355 Kindell Blv'd</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>NELDA</u> Middle <u>ERNA</u> Last <u>FINK</u>				4. DATE OF DEATH Month <u>9</u> Day <u>17</u> Year <u>1957</u>			
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Oct. 30, 1897</u>	
9. AGE (In years last birthday) <u>59</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>stenographer</u>		100. KIND OF BUSINESS OR INDUSTRY <u>Hutchinson Barge Line Jeffriesburg, Mo.</u>		11. BIRTHPLACE (City and state or country) <u>USA</u>	
13. FATHER'S NAME <u>Martin L. Fink</u>				14. MOTHER'S MAIDEN NAME <u>Elizabeth Hegger</u>			
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>496-28-1897</u>		17. INFORMANT Address <u>Selma Lange-403 6th Street, Washington, Missouri</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Drug narcosis (poisoning)</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)						<u>E9708</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Self ingested overdose of tranquilizers and sedatives</u>					
20c. TIME OF INJURY <u>5:15 P.M. 9/17/57</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>in her own apartment</u>		20f. CITY, TOWN, OR LOCATION <u>University City</u>		COUNTY <u>St. Louis</u>		STATE <u>Mo.</u>	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Raymond S. Harris</u> Coroner				22b. ADDRESS <u>Clayton, Mo.</u>		22c. DATE SIGNED <u>9/27/57</u>	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>removal</u>		23b. DATE <u>9-20-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Evangelical E & R Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Washington, Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>C. R. Lupton & Sons-7233 Delmar</u>				25. DATE RECD. BY LOCAL REG. <u>9-19-57</u>		26. REGISTRAR'S SIGNATURE <u>Herbert R. Somke, Jr.</u>	

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 *Clarence H. Murr*

Licensed Embalmer No. *401*

P. O. Address *St. Louis*

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.