

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034553
STATE FILE NUMBER
9481

FILED OCT 10 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No.

S. 300
1-1
950 Francis Place
PA 1-0411

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed unless they are causally related. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital		d. STREET ADDRESS (If outside, give location) 7001 Parkway Lane	
Length of stay in lb 2 1/2 Weeks - 1029		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last MARION NORDEN		4. DATE OF DEATH Month Day Year 10-1-1958	
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 7-18-1888
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) 70
10a. FATHER'S NAME Alexander Heger		10b. MOTHER'S MAIDEN NAME Caroline ???	10c. NAME OF HUSBAND OR WIFE
11. WAS DECEASED EVER IN U. S. ARMED FORCES? No (If yes, give war or dates of service)		11. SOCIAL SECURITY NO. 489-28-5999	11. INFORMANT John J. Norden Address 7001 Parkway Lane
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction DUE TO (b) Arteriosclerotic heart disease DUE TO (c) +20.0 A PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Tumor and ? Tuberculosis Rt. Lower Lung			INTERVAL BETWEEN ONSET AND DEATH 6 hrs. 5 yrs.
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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from James MS to Oct. 1, 1958 and last saw her alive on Sept. 30, 1958 Death occurred at 5:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) David Hafe Kern, MD		22b. ADDRESS 950 Francis Pl. Clayton 5	
22c. DATE SIGNED 10-2-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-4-1958	
23c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery		23d. LOCATION (City, town, or county) (State) 4260 Bates St Mo	
24. FUNERAL DIRECTOR Ziegenhew Bros ADDRESS 6409 Gravois Ave		25. DATE RECD. BY LOCAL REG. OCT 3 '58	
		26. REGISTRAR'S SIGNATURE Earl Smith MD mjs	

(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 *Yau M. Szymore*

Licensed Embalmer No. *4343*

P. O. Address *St. Louis, Mo.*

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.