

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-038061

STATE FILE NUMBER

10351

FILED NOV 10 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5. 300  
1-57

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY St. Clair			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Belleville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
04 FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Length of stay in 1b 19 days		d. STREET ADDRESS (If outside, give location) 32 117 South First St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last MARIE CHRISTINE NAST				4. DATE OF DEATH Month Day Year OCTOBER 27, 1958			
5. SEX Female /	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 14, 1910		9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	10b. KIND OF BUSINESS OR INDUSTRY Old Folks Home		11. BIRTHPLACE (City and state or country) Belleville, Illinois		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Christian M. Haas		13b. MOTHER'S MAIDEN NAME Rosie Wade		14. NAME OF HUSBAND OR WIFE Harold Nast, Sr.			
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. —		17. INFORMANT Harold Nast Sr Address Belleville Ill.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MONOCYTTIC LEUKEMIA						INTERVAL BETWEEN ONSET AND DEATH 8 MONTHS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						204.2	
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"/> 2	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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		COUNTY STATE	
21. I attended the deceased from OCTOBER 8, 1958 to OCT. 27, 1958 and last saw her alive on OCT. 27, 1958 Death occurred at 10:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE C. O. Vermillion, M.D. (Degree or title) M. D.				22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 10/27/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-30-1958	23c. NAME OF CEMETERY OR CREMATORY Walnut Hill		23d. LOCATION (City, town, or country) (State) Belleville, Illinois		
24. FUNERAL DIRECTOR Edgar A. Baldus, Belleville, Ill			25. DATE RECD. BY LOCAL REG. OCT 29 '58		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. J.P.		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. Cause, whenever stated, must be only standard nomenclature in Item 18. No symptoms will be listed.

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. (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.