URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-038296

STATE FILE NUMBER

FILED VS OCT 19 1959

ENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2688

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton, Mo.
Length of stay in 1b: Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Res. 7408 Parkdale Ave. Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Clayton Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 7408 Parkdale Ave. Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: FRANK Middle: BERNARD Last: NUDERSCHER

4. DATE OF DEATH Month: October Day: 7 Year: 1959

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7/19/1880
9. AGE (last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Artist
10b. KIND OF BUSINESS OR INDUSTRY: Art
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Martin Nuderscher
13b. MOTHER'S MAIDEN NAME: Anna Regina
14. NAME OF HUSBAND OR WIFE: Joanna P. Nuderscher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 486-20-8931
17. INFORMANT: Mr. B.Frank Nuderscher, 27 Topping Lane Address

MEDICAL CERTIFICATION

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 HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: 9 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 September 27th, to Oct 7th 59 and last saw her/him alive on Oct 7th 59
Death occurred at 130 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Fred W Rolling MD
22b. ADDRESS: 2125 Sidney St
22c. DATE SIGNED: Oct 8th 59

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
23b. DATE: Oct. 10, 1959
23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Crematory
23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS: Alexander & Sons Chapel, 6175 Delmar
25. DATE RECD. BY LOCAL REG.: 10-10-59
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

Dr. F.W. Rolling
2125 Sidney PR 1-3135

11 AM Thursday

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jas. E. McCullough

Licensed Embalmer No. 24 6

P. O. Address 6 176 Rl

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