

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-018609

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1372 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 3 1963	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>St. Louis</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Manchester</u> Length of stay in 1b <u>DAYS</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Manchester Nursing Home</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u></p> <p>c. CITY OR TOWN <u>Kirkwood</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>566 Brookhaven</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED First Middle Last</p> <p style="text-align: center;"><u>Loretta Jane Nedrow</u></p>	
<p>4. DATE OF DEATH Month Day Year</p> <p style="text-align: center;"><u>April 23 1963</u></p>	
<p>5. SEX <u>F</u></p>	<p>6. COLOR OR RACE <u>W</u></p>
<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>9/23/1889</u></p>
<p>9. AGE (last birthday) <u>73</u></p>	<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u></p>
<p>10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u></p>	<p>11. BIRTHPLACE (City and state or country) <u>Peoria, Illinois</u></p>
<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p>	<p>13a. FATHER'S NAME <u>John Torris</u></p>
<p>13b. MOTHER'S MAIDEN NAME <u>Ellen Forest</u></p>	<p>14. NAME OF HUSBAND OR WIFE <u>Richard F. Nedrow</u></p>
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)</p>	<p>16. SOCIAL SECURITY NO. <u>[REDACTED]</u></p>
<p>17. INFORMANT <u>Mr. Walter A. Torris, 566 Brookhaven</u> Address <u>Kirkwood 22, Mo.</u></p>	<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p style="text-align: center;">PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>CEREBRAL HEMORRHAGE</u></p> <p>Conditions, if any, which gave rise to above cause (e), stating the underlying cause last. } DUE TO (b) _____</p> <p>_____ } DUE TO (c) _____</p> <p style="text-align: center;">PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p> <p style="text-align: center;"><u>CHRONIC MYOCARDITIS</u></p> <p style="text-align: right;">PART III. If deceased was female was there a pregnancy in last 90 days.</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</p>
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>	<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>
<p>21. I attended the deceased from <u>APRIL 8, 1963</u> to <u>APRIL 23, 1963</u> and last saw her ^{her} _{him} alive on <u>APRIL 23, 1963</u></p> <p>Death occurred at <u>16:55 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) <u>B.R. Loving, M.D.</u></p>	<p>22b. ADDRESS <u>BALLWIN, Mo.</u></p>
<p>22c. DATE SIGNED (State) <u>4/24/63</u></p>	<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>
<p>23b. DATE <u>4/26/63</u></p>	<p>23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery St. Louis County</u></p>
<p>23d. LOCATION (City, town, or county)</p>	<p>24. FUNERAL DIRECTOR ADDRESS <u>Alexander & Sons, 6175 Delmar Blvd.</u></p>
<p>25. DATE RECD. BY LOCAL REG. <u>4-25-63</u></p>	<p>26. REGISTRAR'S SIGNATURE <u>[Signature]</u></p>

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Rush Loving
Corner of Florence & Manchester in Ballwin)
Phone: LA 7-2304

Will be in office until NOON WEDNESDAY

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STATEMENT BY LICENSED EMBALMER

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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 Jo Allen Davis Jr
Licensed Embalmer No. 7053

P. O. Address W.L.

April 24-1963

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.