

FILED APR 6 1945

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Primary Registration District No. 1003

Registrar's No. 2636

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jewish Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Julia Maxine Nodini

3. (b) If veteran, name war..... Nil
3. (c) Social Security No. Unknown

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Isadore Nodini
6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased February 15 1923
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
22 1 7 hr. min.

9. Birthplace Mt. Vernon Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Waitress

11. Industry or business

MOTHER FATHER

12. Name Blaine Marlow

13. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Julia Highsmith

15. Birthplace Marlow Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Julia Marlow

(b) Address Mt. Vernon, Ill.

17. (a) Removal (b) Date thereof 3-23-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Vernon, Illinois

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAR 22 1945 J. F. Brudek
(Date recorded local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Jefferson
(c) City or town..... Mt. Vernon
(If outside city or town limits, write "RURAL")
(d) Street No. 400 S. 22nd St.
(If rural, give location)
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1945 hour 10:30 minute A. M.

21. I hereby certify that I attended the deceased from.....
....., 19..... to....., 19.....

that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death. Cardiac Dehiscence of Duration
Hypertensive Staphylococcus Septicemia
Following embryonic abortion

Due to embryonic abortion performed by one
Dr. Eugene J. Hudy in the home
3504 Sherwood St. Sept. 8, 1944
Could not be definitely determined

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy..... 1

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Copier Verdict

(b) Date of occurrence Sept. 21, 1944

(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home of Mother
(Specify type of place) (e) Means of injury as above

23. Signature Dr. Alfred J. Perry (M.D. or other)

Address Deputy Coroner Date signed 3-22-45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *John Agonowski*
.....
Licensed Embalmer No. *3398*.....

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 this body is not embalmed, fact should be so stated above.