

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28392

FILED SEP 14 1949

State File No.

318

1003

Registrar's No. 2686

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.				b. COUNTY 1-02	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		17 9			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Firmen Desloge Hospital				d. STREET ADDRESS (If rural, give location) 8630 Church Road				0	
3. NAME OF DECEASED (Type or Print) a. (First) Lula			b. (Middle)		c. (Last) Nusbaum		4. DATE OF DEATH (Month) (Day) (Year) 9-4-49		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) Married		8. DATE OF BIRTH 11-19-08		9. AGE (In years last birthday) 40 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesgirl			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Sheraden			13b. MOTHER'S MAIDEN NAME Ida Sebastian			14. NAME OF HUSBAND OR WIFE Edwin Nusbaum			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 319-26-2897		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edwin Nusbaum, 8630 Church Rd.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma sigmoid-Upper</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>e metastases to</u> DUE TO (c) <u>liver, abd. viscera &</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Lungs -</u>						INTERVAL BETWEEN ONSET AND DEATH 8 wks 8 wks 8 wks	
19a. DATE OF OPERATION 6-10-49		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Sigmoid + above metastases</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hb 153					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 5-10-49, 19___, to 9-4-49, 19___, that I last saw the deceased alive on 9-4-49, 19___, and that death occurred at 8:10 A.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Firmen Desloge Hosp.				23b. ADDRESS			23c. DATE SIGNED 9-4-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 9/8/49		24c. NAME OF CEMETERY OR CREMATORY Centerville Cemetery		24d. LOCATION (City, town, or county) (State) Carmi, Ill.			
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE J. B. Hunter			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Diedrich F. Home, 8319 Hallsferry				

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

X

SEP 6 1949

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
Student Embalmer

Signed Robert M Murray

Licensed Embalmer No. 3749

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