

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18427
State File No. 4913
Registrar's No.

FILED JUN 5 1951

318

1002

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

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. _____		State File No. <u>4913</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			c. LENGTH OF STAY (In this place) <u>11 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Granite City</u>			<u>8120</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1706 State Street</u>						
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Bessie</u>		b. (Middle) <u>Violet</u>		c. (Last) <u>Nonn</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 24 1951</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 3, 1915</u>		9. AGE (In years last birthday) <u>35</u> <u>10</u> <u>21</u> <u>Hours</u> <u>Min.</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trimmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>National Enamel & Stamp.</u>			11. BIRTHPLACE (State or foreign country) <u>Granite City, Illinois</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William A. DeGuire</u>			13b. MOTHER'S MAIDEN NAME <u>Lillie B. Dixon</u>			14. NAME OF HUSBAND OR WIFE <u>Edward Nonn</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Edward Nonn</u> ADDRESS <u>Granite City</u>					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic nephritis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						11. INTERVAL BETWEEN ONSET AND DEATH <u>12 years</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>592X</u>						
22. I hereby certify that I attended the deceased from <u>5/13</u> , 19 <u>51</u> , to <u>5/24</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5-24</u> , 19 <u>51</u> , and that death occurred at <u>7:30 P. M.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>M. Norman Orzel</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>505 North Grand St. Louis</u>				23c. DATE SIGNED <u>5/25/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>to Madison, Ill.</u>		24b. DATE <u>5</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>Edwardsville Illinois</u>				
DATE REC'D BY LOCAL REG. <u>MAY 28 1951</u>		REGISTRAR'S SIGNATURE <u>Jo B. Lusater</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Francis Lahey</u> ADDRESS <u>Madison, Ill.</u>				

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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed

Ronald J. Yalmske

Signed.....
Student Embalmer

Licensed Embalmer No. 3917

P. O. Address St. Louis 10 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.