

FILED NOV 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39507****8696**

| | | | | | | | | |
|--|--|---|-------------------------|---|-------------------|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. _____ | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) 10 mon | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brentwood | | 4511 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital | | | | d. STREET ADDRESS (If rural, give location) 8741 Litzsinger Rd. | | | | |
| 3. NAME OF DECEASED (Type or Print) | | | a. (First) Marie | | b. (Middle) _____ | | c. (Last) Nester | |
| 4. DATE OF DEATH | | (Month) Sept. | | (Day) 29, | | (Year) 1951 | | |
| 5. SEX female | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | | 8. DATE OF BIRTH Feb. 23, 1981 | | |
| 9. AGE (In years last birthday) 70 | | IF UNDER 1 YEAR Months 7 Days 6 | | IF UNDER 1 HR. Hours _____ Min. _____ | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife | | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) St. Louis Mo. | | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | 13a. FATHER'S NAME Phillip Grimmel | | 13b. MOTHER'S MAIDEN NAME unknown | | |
| 14. NAME OF HUSBAND OR WIFE Joseph Nester | | | | 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. none | | |
| 17. INFORMANT'S SIGNATURE OR NAME Evelyn Sattley | | | | ADDRESS 8741 Litzsinger 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lung with metastases | | | | | INTERVAL BETWEEN ONSET AND DEATH 9 mos. | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 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) _____ | | | | |
| 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? 163X | | | | |
| 22. I hereby certify that I attended the deceased from Nov. 10, 1950 , to Sept 29, 1951 , that I last saw the deceased alive on Sept 29, 1951 , and that death occurred at 11:15 P. m. , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE Michael Dulick M. D. (Degree or title) | | | | 23b. ADDRESS 9012 Manchester Rd. | | 23c. DATE SIGNED 10-1-51 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE Oct. 3, 1951 | | 24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul's | | 24d. LOCATION (City, town, or county) (State) St. Louis Mo. | | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Oct 2 1951 | | REG. NO. 100-1096 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jay B. Smith, 7456 Manchester Ave. | | | | |

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Francis Williamson

Licensed Embalmer No. 3565

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.