

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

10383

2595

FILED MAR 29 1952 BIRTH NO. ....		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis, Missouri</b> )		c. LENGTH OF STAY (If in institution) <b>5 yrs. 17 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2139</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Infirmary Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>13 5800 Arsenal Street.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Emma</b> b. (Middle) c. (Last) <b>Nord</b>			4. DATE OF DEATH (Month) <b>March</b> (Day) <b>18</b> , (Year) <b>1952.</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Widow.</b>	8. DATE OF BIRTH <b>5/7/1861</b>	9. AGE (In years last birthday) <b>90</b>	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	IF UNDER 11 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Masseuse</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William Wagner</b>			13b. MOTHER'S MAIDEN NAME <b>Elizabeth ?</b>		14. NAME OF HUSBAND OR WIFE <b>Charles Nord</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Sam Gassom 1093 Falmouth Ave. U. City, Mo.</b> <b>City Infirmary Records, 5800 Arsenal St.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>arteriosclerotic heart disease years</b>					INTERVAL BETWEEN ONSET AND DEATH	
	ANTECEDENT CAUSES 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. <b>nephrosclerosis</b>					<b>years</b>	
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 <b>H200</b>			
22. I hereby certify that I attended the deceased from <b>July 1, 1951</b> , to <b>March 18, 1952</b> , that I last saw the deceased alive on <b>March 18, 1952</b> , and that death occurred at <b>6:45 P.M.</b> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>William M. Rooney M.D.</b>				23b. ADDRESS <b>5600 Arsenal Street.</b>		23c. DATE SIGNED <b>3/19/52.</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3/21/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Lucas &amp; Park Hill Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>		
DATE REC'D BY LOCAL <b>MAR 19 1952</b>		REGISTRAR'S SIGNATURE <b>Earl Smith M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Alexander &amp; Sons 6175 Selma</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

Sweeney

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 Joe E. McCulloch

Licensed Embalmer No. 2466

P. O. Address 6175 Delmar

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.