

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29262

State File No. ....

FILED SEP 8 - 1952

1003

8014

BIRTH NO. .... REG. DIST. NO. 318 PRIMARY REG. DIST. NO. .... Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>22 90</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Louis City Hospital # 1</u>		d. STREET ADDRESS (If rural, give location) <u>23 1313 Geyer Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>NORA</u> b. (Middle) <u>BOURG</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>August 23, 1952</u>		
---	--	--	--	--	--

5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>DEC. 12 1877</u>		9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WIDOW</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS MO</u>				12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>MATTHEW COHEN</u>		13b. MOTHER'S MAIDEN NAME <u>NORA HEALE</u>		14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>	
---	--	---	--	--	--

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. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>EDWARD BOURG</u>		ADDRESS <u>7719 DUSKY DR.</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>  ANTECEDENT CAUSES <u>acute</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Nephronophritis (necrotizing Bacteriemia)</u> DUE TO (c) <u>Diabetes mellitus</u>  2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND 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)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>260x</u>	
---	--	--	--	--	--	--

22. I, hereby certify that I attended the deceased from August 20, 19 52, to August 23, 1952, that I last saw the deceased alive on August 23, 19 52, and that death occurred at 2:15 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>G. M. Higgins, M.D.</u>		23b. ADDRESS <u>1515 Lafayette</u>		23c. DATE SIGNED <u>8/23/52</u>	
---	--	------------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Aug. 25 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. MATTHEW'S</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>	
---	--	-------------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. <u>AUG 25 1952</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Rutis</u>		ADDRESS <u>2906 Gravoie</u>	
---	--	--	--	--	--	-----------------------------	--

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

*Geo J. Bredde*

Licensed Embalmer No. *3989*

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.