No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44407
11172

BIRTH NO. FILED DEC 16 1953 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St John,s Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ferguson 20 4009
d. STREET ADDRESS (If rural, give location): 10012 Claremont Drive

3. NAME OF DECEASED (Type or Print)
a. (First): Suzanna
b. (Middle):
c. (Last): Olle

4. DATE OF DEATH (Month) (Day) (Year): Nov 24 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 24 1889
9. AGE (In years last birthday): 64 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Czechosolvakia 6
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: George Nagy
13b. MOTHER'S MAIDEN NAME: Eva Hargas
14. NAME OF HUSBAND OR WIFE: Martin

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.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Martin Olle 10012 Claremont Drive

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 myo cardiac exhaustion

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cardio renal vascular disease	15 yrs +
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Stag horn Stones each Kidney	" -
DUE TO (c)	Thyroid topic.	yrs
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Old Gall Bladder disease	yrs

19a. DATE OF OPERATION: yrs ago
19b. MAJOR FINDINGS OF OPERATION: Topic thyroid, Gall stones, fibroids. no operations past several years.
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 602X

22. *I hereby certify that I attended the deceased from* _____, 19 38, *to* Nov 24, 19 53, *that I last saw the deceased alive on* Nov 23, 19 53, *and that death occurred at* 1 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W P Hamilton M D
23b. ADDRESS: 8363 Halls Ferry Rd
23c. DATE SIGNED: 11-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/27/53
24c. NAME OF CEMETERY OR CREMATORY: Bellefontaine Cemetery
24d. LOCATION (City, town, or county) (State): St Louis Missouri

DATE REC'D BY LOCAL REG.: NOV 25 1953
REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Moydell Funeral Home 1926 Allen Av

G.P. (Licensed Embalmer's Statement on Reverse Side)

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 Reinhold K. Lohmann

Licensed Embalmer No. 3395

P. O. Address.....

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.