

FILED JUL 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21044

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5718**

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>2234</b>			
b. CITY OR TOWN <b>ST. LOUIS</b> <b>0</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>ST. LOUIS CITY HOSPITAL</b>					
e. STREET ADDRESS <b>23</b>			f. (If rural, give location) <b>2034 Russell Blvd.</b>		

3. NAME OF DECEASED (Type or Print) <b>CHARLES</b>			a. (First)	b. (Middle)	c. (Last) <b>NORDMAN</b>	4. DATE OF DEATH (Month) <b>JUNE</b> (Day) <b>25</b> , (Year) <b>1954</b>		
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5. SEX <b>Male</b> <b>C</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b> <b>2</b>	8. DATE OF BIRTH <b>Jan. 25-1859</b>	9. AGE (In years last birthday) <b>95</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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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>Lumber yard foreman</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b> <b>0</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Lillie Nordman</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>491-14-4978</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Minnie Dukes-</b> ADDRESS <b>2034 Russell</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b>		DUE TO (b) <b>Arteriosclerosis generalizad</b>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4200</b>	
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22. I hereby certify that I attended the deceased from **6-18-54**, 19**54**, to **6-25-54**, 19**54**, that I last saw the deceased alive on **6-25-54**, 19**54**, and that death occurred at **2:00P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Les P. ...</b> (Degree or title) <b>MD.</b>		23b. ADDRESS <b>1515 Lafayette Avenue</b>		23c. DATE SIGNED <b>6-25-54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>6-28-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>JUN 26 1954</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, MD.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Witt Bros,</b> ADDRESS <b>2929 S. Jefferson Ave.</b>	
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8. P. (Licensed Embalmer's Statement on Reverse Side)

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

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Harold C. Witt* .....

Licensed Embalmer No. 43.....

P. O. Address 2929 S.....

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.**