

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **6994**
Registrar's No. **1214**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1214		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS Mo		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION MARIAN Hospital 16				e. STREET ADDRESS (If rural, give location) 3426 1/2 Tennessee 21610				
3. NAME OF DECEASED (Type or Print) a. (First) MARIE b. (Middle) _____ c. (Last) NESSSELHAUF			4. DATE OF DEATH (Month) (Day) (Year) FEB. 2 1956					
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JULY 15 1897		
9. AGE (In years last birthday) 58		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) SEAMSTRESS			10b. KIND OF BUSINESS OR INDUSTRY WILMINGTON CL.		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME GEORGE WIZE MANN			13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE FRANK NESSELHAUF			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME a ADDRESS FRANK NESSELHAUF 3425 - Tennessee				
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				INTERVAL BETWEEN ONSET AND DEATH
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF RECTUM				
				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. WIDESPREAD METASTASES				
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? _____				
22. I hereby certify that I attended the deceased from 10/26/55 , 19____, to 1/20/56 , 19____, that I last saw the deceased alive on 1/20/56 , 19____, and that death occurred at 8 A. m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) William A. Tronzy M.D.				23b. ADDRESS 3720 WASHINGTON, ST. LOUIS		23c. DATE SIGNED 2/3/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE FEB. 6 1956		24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEM. JEFFERSON BARRACKS Mo		24d. LOCATION (City, town or county) (State) _____		
DATE REC'D BY LOCAL REG. FEB 4 1956		REGISTRAR'S SIGNATURE Carl Smith md		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kuter 2906 Beavercreek				

ucm (Licensed Embalmer's Statement on Reverse Side)

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

Mr. J. J. ...
3616 S. Broadway
R. 2-5626
1:30 PM Fri.
3720 Wash. Hwy.
Te-1-8990
Phi.

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.....
James C. Hill

Licensed Embalmer No. 434

P. O. Address 2906 St.

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.