

FILED APR 3 - 1956

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No. 2716

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No. 2716

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis.		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Missouri		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights, 4505		d. STREET ADDRESS (If rural, give location) 9006 Green Ridge Drive,
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital					
3. NAME OF DECEASED (Type or Print) a. (First) Rosalie b. (Middle) Nutt c. (Last) Murto			4. DATE OF DEATH (Month) (Day) (Year) 3-15-1956		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH October 2-1896	9. AGE (In years last birthday) 59	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) at home	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Jerseyville, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Edgar T. Nutt.		13b. MOTHER'S MAIDEN NAME Irene Dodson		14. NAME OF HUSBAND OR WIFE Samuel L. Murto	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Samuel L. Murto 9006 Green Ridge Dr.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphosarcoma (retroperitoneal) 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.				INTERVAL BETWEEN ONSET AND DEATH ? ? .
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Biopsy retroperitoneal				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 Mar. 14th 1956 to Mar. 15th 1956 , that I last saw the deceased alive on Mar. 14th 1956 , and that death occurred at 8:00 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Pierce W. Powers M.D.			23b. ADDRESS 634 N. Grand		23c. DATE SIGNED 3/15/56
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 3-17-1956	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	24d. LOCATION (City, town, or county) (State) St. Louis County Missouri.		
DATE REC'D BY LOCAL REG. MAR 16 1956	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton and sons 7233 Delmar Blvd.			

Q.M. (Licensed Embalmer's Statement on Reverse Side)

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

3100 To 5:00
Call to the nurse
7108
R. 5-6123

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

Arnold W. Schoene

Licensed Embalmer No.

3864

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.