

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22031

STATE FILE NUMBER

FILED JUN 29 1956

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5710

Health, Welfare and Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) OR TOWN St. Louis, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony Hosp			Length of stay in lb			d. STREET (If outside, give location) ADDRESS 6477 Westway Road	
3. NAME OF DECEASED (Type or print) First Middle Last Bertha Margaret Nelson				4. DATE OF DEATH Month Day Year June 13, 1956			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Mar. 16 1892		9. AGE (In years last birthday) 64	
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 (City and state or country) St Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME Joseph Fendler				14. MOTHER'S MAIDEN NAME Frances Diel			
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 Theodore Nelson 6477 Westway Rd.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>metastatic carcinoma of bowel and abdominal viscera</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Primary carcinoma of sigmoid</i> DUE TO (c) <i>Primary carcinoma of sigmoid</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GOING IN PART I (n)						INTERVAL BETWEEN ONSET AND DEATH 6 mo. 4 yrs	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour: Month: Day: Year: a. m. p. m.			153x				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>June 13-52 to June 13-56</i> and last saw her <i>alive on June 13-56</i> Death occurred at <i>6:00 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>George A. O'Sullivan, M.D.</i>				22b. ADDRESS <i>7629 Ivory</i>		22c. DATE SIGNED <i>6-15-56</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6/16/56	23c. NAME OF CEMETERY OR CREMATORY Mt Hope		23d. LOCATION (City, town, or county) (State) Lemay, Missouri		
24. FUNERAL DIRECTOR ADDRESS Edward Fendler 5611 S Grand Blvd.				25. DATE RECD. BY LOCAL REG. JUN 15 1956		26. REGISTRAR'S SIGNATURE <i>Charles Smith M.D.</i>	

1961

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 *J. E. Morris*.....

Licensed Embalmer No. *33*.....

P. O. Address *M. Paris*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.