

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15104

State File No. _____

BIRTH NO. 26437-57 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3665

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>						
b. CITY OR TOWN <u>St. Louis</u>			c. LENGTH OF STAY (in this place)			c. CITY OR TOWN <u>Arnold</u>		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 <u>30 Saint Louis Maternity</u>			e. STREET ADDRESS <u>29 R R #2</u>			f. (If rural, give location) <u>1 0560</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Infant</u> b. (Middle) <u>Nosser</u> c. (Last) <u>Nosser</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 7 1957</u>						
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>--</u>	8. DATE OF BIRTH <u>April 7 1957</u>			9. AGE (In years last birthday)	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) <u>--</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>--</u>			
13a. FATHER'S NAME <u>Mack Edward Nosser</u>			13b. MOTHER'S MAIDEN NAME <u>Opal Hazel Missey</u>			14. NAME OF HUSBAND OR WIFE <u>--</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>--</u>		16. SOCIAL SECURITY NO. <u>--</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Opal Hazel Nosser</u>			ADDRESS <u>above</u>		
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) <u>? blood loss and irreversible shock - anoxia 3 hrs.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>placenta previa, bleeding</u> DUE TO (c) <u>prematurity 761.5</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>prematurity 761.5</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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) (Min.)		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 <u>April 7, 1957</u> , to <u>April 7, 1957</u> , that I last saw the deceased alive on <u>April 7, 1957</u> , and that death occurred at <u>9:10 Am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Roman K. Murching M.D.</u>			23b. ADDRESS <u>St. L. Maternity Hosp</u>			23c. DATE SIGNED <u>4-8-57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>4-30-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>APR 17 '57</u>		REGISTRAR'S SIGNATURE <u>Carl Smith No 298</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland - Abel</u>		ADDRESS <u>4104 Manchester</u>			

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.