

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19555

STATE FILE NUMBER

FILED JUN 10 1957

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1259

| | | | | | | | |
|---|--|---|---|---|--|---|--|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | a. STATE Missouri | | b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Clayton | | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Maplewood 4544 | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hospital | | Length of stay in 1b 1 day | | d. STREET ADDRESS 7221 Anna Ave. | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) | | | | 4. DATE OF DEATH | | | |
| First Otto Middle Jackson Last Nash | | | | Month 5 Day 16 Year 1957 | | | |
| 5. SEX Male | | 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 Sept. 24, 1884 | |
| 9. AGE (In years last birthday) 72 | | IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. | | IF UNDER 24 HRS. Hours 0 Min. | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Crane Operator | |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY Steel Mill | | 11. BIRTHPLACE (City and state or country) Dent Co., Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13. FATHER'S NAME Jesse Nash | | | | 14. MOTHER'S MAIDEN NAME Louise Carver | | | |
| 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. 488-05-7279 | | 17. INFORMANT Address Loretta Nash, 7221 Anna Ave. | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE. (a) Cerebral Vasular accident | | | | | | INTERVAL BETWEEN ONSET AND DEATH 12 days | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | DUE TO (b) _____ DUE TO (c) _____ | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 | |
| 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.) 331X | | | | |
| 20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____ | | | | | | | |
| 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 5-15-57 to 5-16-57 and last saw her alive on 5-16-1957 Death occurred at 5-16-57-12⁰⁰ p m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Deceased or title) Albert H. Hoppe | | | | 22b. ADDRESS St. Louis County Hospital | | 22c. DATE SIGNED 5-16-57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 5-17-57 | | 23c. NAME OF CEMETERY OR CREMATORY Bay Cemetery | | 23d. LOCATION (City, town, or county) (State) Salem, Mo. | |
| 24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, 4700 Washington Blvd. | | | | 25. DATE RECD. BY LOCAL REG. 5-17-57 | | 26. REGISTRAR'S SIGNATURE Herbert A. Dunkel | |

(Licensed Embalmer's Statement on Reverse Side)

social, 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

Health, Welfare, Public Service

300-1-36

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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 *Robert M. Murray*
Licensed Embalmer No. *3749*

P. O. Address *St. Louis*

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