

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26422

State File No. 6620

FILED JUL 26 1957

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY St. Louis		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) St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 1 day		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 Firmin Desloge Hospital			
STREET ADDRESS (If rural, give location) 2977 2305 Allen			

3. NAME OF DECEASED (Type or Print) a. (First) Baby Boy b. (Middle) Nordin c. (Last) Nordin			4. DATE OF DEATH (Month) (Day) (Year) 7 14 57		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH 7-13-57			9. AGE (In years last birthday) 0 1		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis - Missouri	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Roy Dean Nordin		13b. MOTHER'S MAIDEN NAME Joann Louise Williams		14. NAME OF HUSBAND OR WIFE	
---	--	--	--	-----------------------------	--

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. —		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Joann Louise Nordin 3005 Allen ave	
--	--	----------------------------------	--	--	--

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subtotal Arteriosclerosis PULMONARY STENOSIS		INTERVAL BETWEEN ONSET AND DEATH 1 day	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Cerebral Trauma		1 day	
		DUE TO (c) Cephalic disproportion		1 mo.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		RESPIRATORY FAILURE		1 day	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 760.0		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) (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 **7-13, 1957**, to **7-14, 1957**, that I last saw the deceased alive on **7-14, 1957**, and that death occurred at **1:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE M-L. Mistachkin (Degree or title) M.D.		23b. ADDRESS 1375 So Grand		23c. DATE SIGNED 7-16-57	
---	--	-----------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/16/57		24c. NAME OF CEMETERY OR CREMATORY Bethany Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri	

DATE REC'D BY LOCAL REG. JUL 16 57		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLAUGHLIN'S, 2301 Lafayette	
---	--	---	--	--	--

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 Not Emb, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed A. G. Farris
Licensed Embalmer No. 338
P. O. Address St. Louis

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.